

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 21 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P94000039838 (5)
 1. Corporation Name
SCOTT GENTRY, INC.



| | |
|---|---|
| Principal Place of Business 4649 STURBRIDGE CIRCLE ORLANDO FL 32812 | Mailing Address 4649 STURBRIDGE CIRCLE ORLANDO FL 32812 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|---|--|---|--|
| 2. Principal Place of Business 21 809 Appleton Ave | | 2a. Mailing Address 26 809 Appleton Ave | | 3. Date Incorporated or Qualified 05/26/1994 | |
| Suite, Apt. #, etc. 22 | | Suite, Apt. #, etc. 27 | | 4. FEI Number 59-3245706 | |
| City & State 23 Orlando FL 32806 | | City & State 28 Orlando FL 32806 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 24 32806 | | Country 25 US | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Country 29 US | | Zip 30 32806 | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent GENTRY, SCOTT M. 4649 STURBRIDGE CIRCLE ORLANDO FL 32812 | | | | 10. Name and Address of New Registered Agent | | | |
| 81 Name | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 809 Appleton Ave | | | |
| 83 | | | | 84 City Orlando FL 85 Zip Code 32806 | | | |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | DPT <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GENTRY, SCOTT M | 1.2 NAME | |
| STREET ADDRESS | 4649 STURBRIDGE CIRCLE | 1.3 STREET ADDRESS | 809 Appleton Ave |
| CITY-ST-ZIP | ORLANDO FL 32812 | 1.4 CITY-ST-ZIP | Orlando FL 32806 |
| TITLE | V <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GENTRY, LAURI | 2.2 NAME | |
| STREET ADDRESS | 4649 STURBRIDGE CIRCLE | 2.3 STREET ADDRESS | 809 Appleton Ave |
| CITY-ST-ZIP | ORLANDO FL 32812 | 2.4 CITY-ST-ZIP | Orlando FL 32806 |
| TITLE | S <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WOODS, T. MICHAEL | 3.2 NAME | |
| STREET ADDRESS | 4649 STURBRIDGE CIRCLE | 3.3 STREET ADDRESS | 809 Appleton Ave |
| CITY-ST-ZIP | ORLANDO FL 32812 | 3.4 CITY-ST-ZIP | Orlando FL 32806 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **Mar 30 98** **407/856-7680**

CR2E034 (10/97)