

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

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 331201 (4)
1. Corporation Name
SCOTT - MCRAE ADVERTISING, INC.

Principal Place of Business 701 FISK STREET SUITE 310 JACKSONVILLE FL 32204	Mailing Address 701 FISK STREET SUITE 310 JACKSONVILLE FL 32204
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/13/1968	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 59-1212250	Applied For Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent LAWRENCE M. MATHENY JR & PAMELA L. WIKER 701 FISK STREET 2ND FLOOR JACKSONVILLE FL 32204		10. Name and Address of New Registered Agent	
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City
		85. Zip Code	FL

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	CD HERZOG, GERALD W. 701 FISK ST JACKSONVILLE, FL 00000 32204	1.1 TITLE	Chairman/Director
NAME		1.2 NAME	Lawrence H. Matheny Jr.
STREET ADDRESS		1.3 STREET ADDRESS	701 Fisk St., Suite 200
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Jacksonville, FL 32204
TITLE	D SCOTT, JACK L. 1725 MEMORIAL PARK DR. JACKSONVILLE, FL 00000 32204	2.1 TITLE	Secretary/Treasurer
NAME		2.2 NAME	William H. Kane
STREET ADDRESS		2.3 STREET ADDRESS	701 Fisk St., Suite 200
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Jacksonville, FL 32204
TITLE	VD GRAHAM, HENRY H., JR. 1725 MEMORIAL PARK DR. JACKSONVILLE, FL 00000 32204	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D MCRAE JR., WALTER M. 1725 MEMORIAL PARK DR. JACKSONVILLE BCH FL 32204	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	P SCHMIDT, WILLIAM G. 701 FISK STREET JACKSONVILLE FL 32204	5.1 TITLE	P Richard K. Jones
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	701 Fisk St., Suite 200
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Jacksonville, FL 32204
TITLE		6.1 TITLE	
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 empowered 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:  Henry H. Graham Jr. 4-2-98 (904) 354-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Phone # 0001378

CR2E034 (10/97)