FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 28 1996 8:00 am
Secretary of State

DOCUMENT # 016575 (3)

1. Corporation Name
SCOTTY'S, INC.

Principal Place of Business
5300 RECKER HIGHWAY
P.O. BOX 939
WINTER HAVEN FL 33882

Mailing Address
5300 RECKER HIGHWAY
P.O. BOX 939
WINTER HAVEN FL 33882

3. Date Incorporated or Qualified: 05/18/1925
3a. Date of Last Report: 05/11/1995

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-0294700 — Applied For ☐ Not Applicable ☐

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 has liability for intangible tax under s 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CROW, DANNY D.
5300 NORTH RECKER HIGHWAY
10
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

81 Name: Joey Patten
82 Street Address (P.O. Box Number is Not Acceptable): 5300 NORTH RECKER HIGHWAY
83
84 City: WINTER HAVEN FL 85 Zip Code: 33880

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 607.0506, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title, if applicable — NOTE: Registered Agent's signature required when resigning — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP ☐ DELETE	1.1 TITLE	PRESIDENT ☑ Change ☐ Addition
NAME	MORRIS, TOM	1.2 NAME	
STREET ADDRESS	5300 RECKER HIGHWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	
TITLE	P ☒ DELETE	2.1 TITLE	VP ☐ Change ☑ Addition
NAME	LANSDALE, DARYL L.	2.2 NAME	JOEY PATTEN
STREET ADDRESS	RECKER HWY.	2.3 STREET ADDRESS	5300 N. RECKER HWY
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	WINTER HAVEN FL 33882
TITLE	VP ☒ DELETE	3.1 TITLE	VP ☐ Change ☑ Addition
NAME	CROW, DANNY	3.2 NAME	DON KENNON
STREET ADDRESS	RECKER HIGHWAY	3.3 STREET ADDRESS	5300 N RECKER HWY
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	WINTER HAVEN FL 33882
TITLE	☐ DELETE	4.1 TITLE	VP ☐ Change ☑ Addition
NAME		4.2 NAME	BUB BRUNER
STREET ADDRESS		4.3 STREET ADDRESS	5300 N. RECKER HWY
CITY-ST-ZIP		4.4 CITY-ST-ZIP	WINTER HAVEN FL 33882
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)