

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 146257

(1)

1. Corporation Name
SCARRITT MOTORS, INC.



Principal Place of Business
555 34TH ST. SO.
P.O. BOX 13069
ST PETERSBURG FL 33733

Mailing Address
555 34TH ST. SO.
P.O. BOX 13069
ST PETERSBURG FL 33733

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

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

3. Date Incorporated or Qualified **03/19/1946** 3a. Date of Last Report **02/27/1995**

4. FEI Number **59-0546880** 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
**MANN, SAM H., JR.
150 2ND AVE. NO., SUITE 1500
ST PETERSBURG FL 33701**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0032 and 607.0034, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligation for Section 607.0034, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

11. TITLE DELETE
NAME **PDS SCARRITT, FRANK M., JR.**
STREET ADDRESS **555 34 ST.SO., ST. PETERSBURG FL D**
CITY, STATE, ZIP **D SCARRITT, DAHLGREN M. 555 34 ST.SO., ST. PETERSBURG FL D**
TITLE DELETE
NAME **SCARRITT, F. MORGAN, III**
STREET ADDRESS **555 34 ST.SO., ST. PETERSBURG FL D**
CITY, STATE, ZIP DELETE
TITLE DELETE
NAME **POLLEY, LYNN C.**
STREET ADDRESS **555 34 ST.SO., ST. PETERSBURG FL D**
CITY, STATE, ZIP DELETE
TITLE DELETE
NAME **SCARRITT, LEA D.**
STREET ADDRESS **555 34 ST.SO., ST. PETERSBURG FL D**
CITY, STATE, ZIP DELETE
TITLE DELETE
NAME
STREET ADDRESS
CITY, STATE, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

11. TITLE Change Addition
12. NAME
13. STREET ADDRESS
14. CITY, STATE, ZIP
21. TITLE Change Addition
22. NAME
23. STREET ADDRESS
24. CITY, STATE, ZIP
31. TITLE Change Addition
32. NAME
33. STREET ADDRESS
34. CITY, STATE, ZIP
41. TITLE Change Addition
42. NAME
43. STREET ADDRESS
44. CITY, STATE, ZIP
51. TITLE Change Addition
52. NAME
53. STREET ADDRESS
54. CITY, STATE, ZIP
61. TITLE Change Addition
62. NAME
63. STREET ADDRESS
64. CITY, STATE, 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 included 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 a call sheet with any like is.

SIGNATURE: *Frank M. Scarritt Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FRANK M. SCARRITT JR.

1-17-96 813-327-3700
Date Filed Fee

CR2E034 (12/95)