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Apr 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 228509 (6)

1. Corporation Name  
SCOTT INDUSTRIES, INC.



Principal Place of Business  
7524 COMMERCE PLACE  
P. O. BOX 1047  
TALLEVAST FL 34270  
US

Mailing Address  
7524 COMMERCE PLACE  
P.O. BOX 1047  
TALLEVAST FL 34270-1047

3. Date Incorporated or Qualified 09/30/1959 3a. Date of Last Report 06/14/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-0876339 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

NORTON, RANDOLPH H  
7524 COMMERCE PLACE  
SARASOTA FL 34243

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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	APD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEATHERMAN, D O	1.2 NAME	
STREET ADDRESS	5122 KESTRAL PKWY. S.	1.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 33581	1.4 CITY - ST - ZIP	
TITLE	ATD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRATT, R W	2.2 NAME	
STREET ADDRESS	1215 MANATEE AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON FL 33506	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTON, R H MRS	3.2 NAME	
STREET ADDRESS	1500 NORTH DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 33579	3.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEATHERMAN, D O, MRS	4.2 NAME	
STREET ADDRESS	5122 KESTRAL PKWY. S.	4.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 33581	4.4 CITY - ST - ZIP	
TITLE	APD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTON, R H	5.2 NAME	
STREET ADDRESS	1500 NORTH DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 33579	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 do 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: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/97

Date

941-355-5771

Daytime Phone #

0435745

CR2E034 (9/96)