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Apr 09, 1999 8:00 am  
Secretary of State

04-09-1999 90003 017 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 270552

1. Corporation Name  
SCOTT PROPERTIES, INC.

Principal Place of Business

~~POST OFFICE BOX 1445~~  
1410 SWANN AVENUE  
TAMPA FL ~~33600~~ 33606

Mailing Address

~~POST OFFICE BOX 1445~~  
1410 SWANN AVENUE  
TAMPA FL ~~33600~~ 33606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1963

4. FEI Number

59-1006497

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 33606 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 33606 Country

9. Name and Address of Current Registered Agent

MCLAIN, SUSAN S  
1410 SWANN AVE  
TAMPA FL 33606

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 607.0502 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

*Susan S. McLain VP*  
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*April 5, 1999*

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MACEWEN, H.A.  
STREET ADDRESS 1408 SWANN AVENUE  
CITY-ST-ZIP TAMPA, FL 0 33606

TITLE STV ☐ DELETE

NAME MCLAIN, SUSAN S.  
STREET ADDRESS 1408 SWANN AVENUE  
CITY-ST-ZIP TAMPA, FL 0 33606

TITLE D ☐ DELETE

NAME MCLAIN, SUSAN S.  
STREET ADDRESS 1408 SWANN AVENUE  
CITY-ST-ZIP TAMPA, FL 0 33606

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

*Susan S. McLain VP*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4.5.99*

CR2E034 (1/98)

0521572