

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **285403** (2)

1. Corporation Name
SCOTT'S JAY APPLIANCE & FURNITURE COMPANY, INC.



Principal Place of Business Mailing Address
**3898 HWY. 4
P.O. BOX 189
JAY FL 32565
US**

3. Date Incorporated or Qualified **09/25/1964** 3a. Date of Last Report **01/24/1995**
4. FEI Number **59-1061683** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contributor **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **3898 Hwy 4** 26 **P. O. Box 189**
State, Apt. #, etc. State, Apt. #, etc.
22 **Jay, Florida** 27 **Jay, Florida**
City & State City & State
23 **32565** 25 **US** 29 **32565** 30 **US**
Zip Country Zip Country

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

9. Name and Address of Current Registered Agent
**SCOTT, RAYMOND M
3898 HWY. 4
JAY FL 32565**

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to registered office 1 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 607.0502, Florida Statutes.

SIGNATURE *[Signature]* DATE **1-18-96**

12. OFFICERS AND DIRECTORS

1. TITLE	PD	<input type="checkbox"/> DELETE
2. NAME	SCOTT, RAYMOND M	
3. STREET ADDRESS	3898 HWY. 4	
4. CITY, STATE	JAY FL	
5. TITLE	V	<input type="checkbox"/> DELETE
6. NAME	SCOTT, FRANCE	
7. STREET ADDRESS	3898 HWY. 4	
8. CITY, STATE	JAY FL	
9. TITLE	V	<input type="checkbox"/> DELETE
10. NAME	SCOTT, PATSY	
11. STREET ADDRESS	3898 HWY. 4	
12. CITY, STATE	JAY FL	
13. TITLE	S	<input type="checkbox"/> DELETE
14. NAME	SCOTT, MICHAEL D.	
15. STREET ADDRESS	3898 HWY. 4	
16. CITY, STATE	JAY FL	
17. TITLE		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY, STATE		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	

14. I hereby certify that the information supplied by me is true and 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 supplement thereto is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation, or the trustee 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 addressee.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96

CR2E034 (12/95)