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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **293433** **(9)**

1. Corporation Name
SCOTT BRIDGE COMPANY, INC.

Principal Place of Business	Mailing Address
614 SECOND AVE OPELIKA AL 36801 US	PO BOX 2000 OPELIKA AL 36803-2000 US

3. Date Incorporated or Qualified: **05/28/1965**
3a. Date of Last Report: **04/11/1996**

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

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

4. FEI Number: **63-0500583** ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SCOTT, I. J. III		1.2 NAME	
STREET ADDRESS	614 SECOND AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	OPELIKA, AL 00000		1.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SWARTHOUT, GERARD III		2.2 NAME	
STREET ADDRESS	614 SECOND AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	OPELIKA, AL 00000		2.4 CITY-ST-ZIP	
TITLE	CEDT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SCOTT, III I		3.2 NAME	
STREET ADDRESS	614 SECOND AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	OPELIKA, AL 00000		3.4 CITY-ST-ZIP	
TITLE	CED	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SCOTT III, I J		4.2 NAME	
STREET ADDRESS	614 SECOND AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	OPELIKA, AL 00000		4.4 CITY-ST-ZIP	
TITLE	EVP	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SWARTHOUT, GERARD III		5.2 NAME	
STREET ADDRESS	614 SECOND AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	OPELIKA AL		5.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	TERRELL, MICHAEL E		6.2 NAME	
STREET ADDRESS	614 SECOND AVE		6.3 STREET ADDRESS	
CITY-ST-ZIP	OPELIKA AL		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: _____ 2/21/97 (334) 749-5045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GERARD SWARTHOUT, III EXECUTIVE VICE PRESIDENT

0489415