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Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # 293433 (9)

1. Corporation Name
SCOTT BRIDGE COMPANY, INC.

DO NOT WRITE IN THIS SPACE

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

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 · Country 25	Zip 29 · Country 30

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

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 (10/97)

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.

SIGNATURE: Gerard Swarthout, III 1/28/98 334-749-5045