FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 307792 1. Corporation Name

SCFG., INC.

Principal Place of Business

Mailing Address

P.O. ROY SECTAG

P.O. BOX 560146

FILED Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90043 050 ***150.00



MONTVERDE FL 34756		MONTVERDE FL 34756							
						DO NOT WRITE IN T	HIS SPACE .	,	
		•				3. Date Incorporated or Qualifed 08/02/1966			
Principal Place of Business 2a. Mailing Address						4. FEI Number	A	plied For	
21	•	26				59-1147824	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	·	Additional	
City & Sta	te	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added		
Zip	Country 25	Zip 29	Cour	ntry		8. This corporation owes the current year		□No	
24	9. Name and Address of Curre		[30]			Personal Property Tax. 10. Name and Address of New Register			
	5. Name and Address of Curre			81	Name	To. Name and Address of New Register	eu Agent		
SIMS JR,EMERY S SC 16841 RIDGEWOOD AVE				82					
MOI	NTVERDE FL 34756		ĺ	83		1 201 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	474700	2-21 - 10-41 12-21 T	
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	. 40			84	City	A TOTAL A TOTAL TOTAL DANGERS HET	85 Zip (Code	
11. Pursuant	to the provisions of Sections 607.05	502 and 607:1508. Florida Statut	es, the at	oove	named cor	poration submits this statement for the purpose	of changing its	registered	
agent. I a	registered agent, or both, in the Stat am familiar with, and accept the obliq	te of Flonda. Such change was a gations of, Section 607.0505, Flo	uthorized rida Statu	by tutes.	he corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	pointment as re	gistered	
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE	: Registered	Agent	signature requir	red when reinstating) / DATE			
12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
TITLE	PD	☐ DELETE	1.1 TIT	LE		10 11 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ Change	Addition	
NAME	SIMS JR,EMERY S		1.2 NA	ME	.	State of Prof. 2			
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CITY-ST-ZIP	MONTVERDE FL		1.4 CIT				•		
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CITY:ST-ZIP		•	EARIT	~ ^~	710	1.5 x 21 art x			
TITLE	AG COLORES SECTION	□ DELETE :	5.4 CIT 6.1 TITI		ZIP	10000000000000000000000000000000000000	[] Change	Addition	

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 opporation or the receiver of 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 or anged; or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRES

6.4, CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP