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Feb 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 331201 (4)

1. Corporation Name
SCOTT - MCRAE ADVERTISING, INC.



Principal Place of Business
1725 MEMORIAL PARK DR
JACKSONVILLE FL 32204

Mailing Address
1725 MEMORIAL PARK DR
JACKSONVILLE FL 32204-4117

3. Date Incorporated or Qualified 06/13/1968	3a. Date of Last Report 03/07/1996
4. FEI Number 59-1212250	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	

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

9. Name and Address of Current Registered Agent S.R. GEIGER AND PAM L. WIKER 1725 MEMORIAL PARK DR JACKSONVILLE FL 32204	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	HERZOG, GERALD W.	12 NAME	
STREET ADDRESS	701 FISK ST	13 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 00000 32204	14 CITY - ST - ZIP	
TITLE	D ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	SCOTT, JACK L.	22 NAME	
STREET ADDRESS	1725 MEMORIAL PARK DR.	23 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 00000 32204	24 CITY - ST - ZIP	
TITLE	VD ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	GRAHAM, HENRY H., JR.	32 NAME	
STREET ADDRESS	1725 MEMORIAL PARK DR.	33 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 00000 32204	34 CITY - ST - ZIP	
TITLE	D ☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	MCRAE JR., WALTER M.	42 NAME	
STREET ADDRESS	1725 MEMORIAL PARK DR.	43 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE BCH FL 32204	44 CITY - ST - ZIP	
TITLE	P ☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	SCHMIDT, WILLIAM G	52 NAME	
STREET ADDRESS	701 FISK STREET	53 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32204	54 CITY - ST - ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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 a 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: Henry H. Graham 3-21-97 904-354-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)