FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:17

DOCUMENT # **395710** **(7)**

1. Corporation Name
WESCOTT GROVES, INC.

Principal Place of Business	Mailing Address
P O BOX 2457 FORT PIERCE FL 34954-9457	P O BOX 2457 FORT PIERCE FL 34954-9457

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/11/1972**
3a. Date of Last Report: **04/19/1994**

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

4. FEI Number: **59-1378736** ☐ 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	10. Name and Address of New Registered Agent
~~MC COY, JAMES L., JR.~~ ~~420 46TH CT~~ ~~VERO BEACH FL 32968~~ SCOTT, KENNETH T. 650 N. ROCK ROAD FT. PIERCE, 34945	81 Name: SCOTT, KENNETH T. 82 Street Address (P.O. Box Number is Not Acceptable): 650 N. ROCK ROAD 83 84 City: FT. PIERCE, FL 85 Zip Code: 34945

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 K. T. Scott
*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	SD	11 TITLE	☐ Change ☐ Addition
NAME	SCOTT,KENNETH T.	12 NAME	
STREET ADDRESS	650 ROCK RD. N.	13 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	SCOTT,WAYNE A.	22 NAME	
STREET ADDRESS	650 ROCK RD. N.	23 STREET ADDRESS	
CITY-ST-ZIP	FT.PIERCE FL	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	SCOTT, DAN C.	32 NAME	
STREET ADDRESS	1901 S INDIAN RIVER DR	33 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	SCOTT, ALFRED W.	42 NAME	
STREET ADDRESS	365 NIEUPORT DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	44 CITY-ST-ZIP	
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	~~MC COY, JAMES L., JR.~~	52 NAME	
STREET ADDRESS	~~420 46TH CT.~~ DELETE	53 STREET ADDRESS	
CITY-ST-ZIP	~~FT. PIERCE FL~~	54 CITY-ST-ZIP	
TITLE		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 is voluntarily furnished and 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: K. T. Scott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #