

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 11:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 408654

(2)

1. Corporation Name

SCOTTY'S ENTERPRISES, INC.

Principal Place of Business

**2002 MATTISON DR. N.E.
2002 MATTISON DRIVE
PALM BAY FL 32905**

Mailing Address

**2002 MATTISON DR. N.E.
2002 MATTISON DRIVE
PALM BAY FL 32905**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1972

3a. Date of Last Report

04/08/1994

4. FEI Number

59-1500674

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**STRUTH, JOHN G
2002 MATTISON DR NE
PALM BAY FL 32905**

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

**PTD
STRUTH, JOHN G.
2002 MATTISON DR NE
PALM BAY FL**

**VSD
STRUTH, HARRIET
2002 MATTISON DR NE
PALM BAY FL**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP**

**21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP**

**31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP**

**41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP**

**51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP**

**61 TITLE
62 NAME
63 STREET ADDRESS
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 110.07(3)(k), 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:

JOHN G. STRUTH PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 24 1995 407-728-1443
Date Initials/Phone #