

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 568119

(2)

1. Corporation Name

SCN INCORPORATED



Principal Place of Business

7606 S. TAMiami TRAIL
SARASOTA FL 34231
US

Mailing Address

7606 S. TAMiami TRAIL
SARASOTA FL 34231
US

3. Date Incorporated or Qualified
04/07/1978

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-1901668

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NOWICKI, STEPHEN C
31 SHORELAND DRIVE
OSPREY FL 34229

81 Name

DR. LARRY COFFEE

82 Street Address (P.O. Box Number is Not Acceptable)

1 LAKE LORRAINE CIRCLE

83

84 City

SHALIMAR

FL

85 Zip Code

32579

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

Larry S. Coffee D.D.S.

(NOTE: Registered Agent signature required when not a stockholder)

DATE

14 MAR 96

12. OFFICERS AND DIRECTORS

TITLE PV ☒ DELETE

NAME NOWICKI, STEPHEN C.
STREET ADDRESS 31 SHORELAND DRIVE
CITY-ST-ZIP OSPREY FL

TITLE ST ☒ DELETE

NAME NOWICKI, SUE ANNE
STREET ADDRESS 31 SHORELAND DRIVE
CITY-ST-ZIP OSPREY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

CORP. PRESIDENT

☐ Change

☒ Addition

1.2 NAME

DR. LARRY COFFEE

1.3 STREET ADDRESS

1 LAKE LORRAINE CIRCLE

1.4 CITY-ST-ZIP

SHALIMAR, FL 32579

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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)(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:

Larry S. Coffee D.D.S.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 FEB 96

813-921-5663

Date

Daytime Phone #

CR2E034 (12/95)