

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

FILED  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90084 004 \*\*\*150.00

DOCUMENT # 568119

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1978

4. FEI Number

59-1901668

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 owes the current year Intangible  
Personal Property Tax.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COFFEE, DR. LARRY  
1 LAKE LORRAINE CIRCLE  
SHALIMAR FL 32579

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CP  
NAME COFFEE, LARRY DR.  
STREET ADDRESS 1 LAKE LORRAINE CIRCLE  
CITY-ST-ZIP SHALIMAR FL 32579

1.1 TITLE P  
1.2 NAME JOHN T. KREGER  
1.3 STREET ADDRESS 3509 SCHWALBE DRIVE  
1.4 CITY-ST-ZIP SARASOTA FL 34235

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE S  
2.2 NAME CHRISTINA L. AUMAN  
2.3 STREET ADDRESS 7670 EAGLE CREEK DRIVE  
2.4 CITY-ST-ZIP SARASOTA FL 34243

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE C  
3.2 NAME CLAUDE PIERRE  
3.3 STREET ADDRESS 6157 MIDNIGHT PASS RD # B  
3.4 CITY-ST-ZIP SARASOTA FL 34242

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE D  
4.2 NAME DAVID S. SPRINGER  
4.3 STREET ADDRESS 4358 ARROW AVENUE  
4.4 CITY-ST-ZIP SARASOTA FL 34232

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

CHRISTINA L. AUMAN

4-29-99

Date

Daytime Phone #

941-921-5663

CR2E034 (11/98)