FILE NOW: FILING FEE AFTER MAY 1ST |S \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

DOCUMENT # 660569

- SCAPLETT O'HARA'S, INC. KDF of ET- Augustine The

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90197 033 ***150.00

Principal Flace of Business	Mailing Address		,,,,,,,	
70 HYPOLITA STREET ST. AUGUSTINE FL 32084	70 HYPOLITA STREET ST. AUGUSTINE FL 3208	44	DO NOT WRITE IN TH	IS SPACE
			3. Date Incorporated or Qualifed 03/26/1980	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-2019774	No: Applicable
Suite, / pt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 £ dditional Fee Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip 29	Country 30	This corporation owes the current year Perso all Property Tax.	Intangible
9. Name and Address of Curr			10. Name and Address of New Register-	d Agent
FINCH, KEVIN D 70 HYPOLITA ST ST. AUGUSTINE FL 32084		81 Name 82 Street Aids	ress (P.O. Bo (Number is Not Acceptable)	

27 11. Pursuant to the provisions of Sections 607.050.2 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. Lam familiar with, and a scent the obligations of Section 607.0505. Fiorida Statutes.

Ū	m ramiliar with, and accept the obligations of, Section 607.0505, For	ioa olalatos.	
SIGNATURE	Signature, typed or printed name of registered agen and title if applicable. (NO E.	Registered Agent signature require	ed when reinstating DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FINCH, KEVIN D	1.2 NAME	
STREET ADDRESS	1 11TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	1.4 CITY-ST-ZIP	
TITLE	DELETE	2 1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4. CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	Change Addition
NAME		5 2 NAME	
STREET ADDRÉSS	•	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY- ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I heret y certify that the informa ion 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 of 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 affectment with an address, with all other like empowered.

SIGNATURE:

SIGNAT-TRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Benev

904-460-0468