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 # **688945** **(5)**

1. Corporation Name

SCOTT-DOUGLAS DESIGN, INC.

Principal Place of Business	Mailing Address
~~14077 63RD WAY NORTH~~ CLEARWATER FL 34620	~~14077 63RD WAY NORTH~~ CLEARWATER FL 34620
6275 147TH AVE. NORTH	6275 147TH AVE. NORTH

2. Principal Place of Business (21)	6275 147TH AVE NORTH
Suite, Apt. #, etc. (22)	
City & State (23)	CLEARWATER, FL
Zip (24) / Country (25)	34620 / PINELLAS
2a. Mailing Address (26)	6275 147TH AVE NORTH
Suite, Apt. #, etc. (27)	
City & State (28)	CLEARWATER, FL
Zip (29) / Country (30)	34620 / PINELLAS

3. Date Incorporated or Qualified	09/24/1980
3a. Date of Last Report	08/08/1995
4. FEI Number	59-2027315 (☐ 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

GARRISON, SCOTT D.
3250 E. DEBAZEN AVENUE
ST. PETERSBURG BCH. FL 33706

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 _____ DATE _____
Signature typed or printed name of registered agent and date required (see instructions)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GARRISON, SCOTT D.		1.2 NAME	
STREET ADDRESS	3250 E. DEBAZEN AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	ST.PETERSBURG BCH.FL		1.4 CITY-ST-ZIP	
TITLE	SVD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GARRISON, PAGE E.		2.2 NAME	
STREET ADDRESS	3250 3 DEBAZAN AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETE FL		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	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			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 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: Scott D. Garrison SCOTT D. GARRISON 4-29-96 813-535-7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)