FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 731279 (6)

1. Corporation Name

SCARC, INC.

Principal Place of Business	Mailing Address
213 W MCCOLLUM AVE BUSHNELL FL 33513	213 W MCCOLLUM AVE BUSHNELL FL 33513

3. Date Incorporated or Qualified: 11/28/1974

3a. Date of Last Report: 02/13/1995

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: 59-1556200 ☐ 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**

THORNTON, RANDALL N
E. HIGHWAY 470
LAKE PANASOFFKEE FL 33538

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BOSTIC, JACKIE		1.2 NAME	+2	
STREET ADDRESS	339 YOUNG CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	WILDWOOD FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RICE, MARTH JO		2.2 NAME		
STREET ADDRESS	116 BROAD ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	BUSHNELL FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BURRY, GAIL		3.2 NAME		
STREET ADDRESS	155 N.E. 3RD STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	WEBSTER FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SEALS, BRENDA D		4.2 NAME		
STREET ADDRESS	119 N MARKET ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	BUSNELL FL		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HUDDLESTON, BILL		5.2 NAME		
STREET ADDRESS	E HWY 476		5.3 STREET ADDRESS		
CITY-ST-ZIP	BUSHNELL FL		5.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	6.1 TITLE	S	☐ Change ☒ Addition
NAME	HEWETT, MICHELLE		6.2 NAME	Deborah Lord	
STREET ADDRESS	11094 SW 51ST DR		6.3 STREET ADDRESS	339 Young Circle	
CITY-ST-ZIP	WEBSTER FL		6.4 CITY-ST-ZIP	Wildwood, FL 34785	

CR2E037 (12/95)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jackie Bostic 2/7/96 (352)793-5156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JACKIE BOSTIC, PRESIDENT