• FILE NOW: FILING FEE IS \$61.25 NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # 731279 (6)SCARC, INC. Principal Place of Business Mailing Address 213 W MCCOLLUM AVE 213 W MCCOLLUM AVE 3. Date Incorporated or Qualified BUSHNELL FL 33513 BUSHNELL FL 33513 11/28/1974 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 5. Certificate of Status Desired Sulte, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name

FILED Feb 03 1998 8:00am Secretary of State

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Yes Yes

Yes Yes

59-1556200

Trust Fund Contribution

Personal Property Tax due June 30.

Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

E. HIGHWAY 470			82	Street Address (P.O. Box Number is Not Acceptable)					
	NASOFFKEE FL 33538		83						
			84	City		85 Zip	Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.0502, 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 Stoneture, 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 DIRECTO	RS IN 12		
TITLE	P	DELETE	1.1 TITLE		President	Change	\ddition		
NAME	BOSTIC, JACKIE		1.2 NAME		Merilyn Johnson				
STREET ADDRESS	339 YOUNG CIRCLE		1.3 STREET	ADDRESS	4195 6 575				
CITY-ST-ZIP	WILDWOOD FL		1.4 C(TY-S)	T- ZIP	Bushwell, R 33513				
TITLE	D	DELETE	2.1 TITLE		SECRETARY	Change	☐ Addition		
NAME	RICE, MARTH JO		2.2 NAME		STACKLE BOSTIL				
STREET ADDRESS	116 BROAD ST		2.3 STREET	ADDRESS	339 YOUNG CIRCLE		į		
CITY-ST-ZIP	BUSHNELL FL		2. 4 CITY - S	T-ZIP	WILDWOOD, FL 3475				
TITLE	D	DELETE	3.1 TITLE		TREASURBE	☐ Change	Addition		
NAME	B urry, gail		3.2 NAME		Yvonne Carroll		1		
STREET ADDRESS	155 NE 3RD STREET	İ	3.3 STREET	ADDRESS	SAI LEE STREET				
CITY-ST-ZIP	WEBSTER FL		3.4. CITY - S	T-ZIP	12748 A, GOWGULL				
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			Ī		
CITY-ST-ZIP	BUSNELL FL		4.4 CITY-S	T-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	T-21P					
TITLE	8	DELETE	6.1 TITLE		000002420	Change	Addition		
NAME	LORD, DEBORAH		6.2 NAME		-02/04/9801003	-008	PE		
STREET ADDRESS	339 YOUNG CIRCLE		6.3 STREET	ADDRESS	***61 . 25				
CITY-ST-ZIP	WILDWOOD FL		6.4 CITY-ST	r-ZIP			2.3		

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