

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **841988**

1. Corporation Name

SCOTT & STRINGFELLOW, INC.

Principal Place of Business

**909 EAST MAIN STREET
RICHMOND VA 23219
US**

Mailing Address

**909 EAST MAIN STREET
RICHMOND VA 23219
US**

FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90012 008 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1978 **5/9/1991**

4. FEI Number

54-0057557 54-0294670

☒ 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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	SCOTT, SIDNEY B	
STREET ADDRESS	7612 HILL DRIVE	
CITY-ST-ZIP	RICHMOND VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOCOCK, FREDERICK S	
STREET ADDRESS	1214 ROTHESAY CIRCLE	
CITY-ST-ZIP	RICHMOND VA 23221	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	PLAGEMAN, DAVID D	
STREET ADDRESS	10960 PEGWELL DRIVE	
CITY-ST-ZIP	MIDLOTHIAN VA	
TITLE	PCEO D	<input type="checkbox"/> DELETE
NAME	SHERMAN, JOHN JR	
STREET ADDRESS	11 GREENWAY LANE	
CITY-ST-ZIP	RICHMOND VA 23226	
TITLE	V D	<input type="checkbox"/> DELETE
NAME	MINTZ, CHARLES E	
STREET ADDRESS	2000 GAMELAW CT	
CITY-ST-ZIP	MIDLOTHIAN VA 23113	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	JOHNSTON, MICHAEL D	
STREET ADDRESS	10425 HUNTS MOOR DR	
CITY-ST-ZIP	RICHMOND VA 23233	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Scott, Sidney Buford	
1.3 STREET ADDRESS	4919 Lockgreen Cir.	
1.4 CITY-ST-ZIP	Richmond VA 23226	
2.1 TITLE	V D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DeLaney, Steven C.	
2.3 STREET ADDRESS	703 Spottswood Rd	
2.4 CITY-ST-ZIP	Richmond VA 23229	
3.1 TITLE	V D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	West, John T.	
3.3 STREET ADDRESS	317 Charmian Rd.	
3.4 CITY-ST-ZIP	Richmond VA 23226	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Johnston, Mike D.	
6.3 STREET ADDRESS	1512 Harborborough Rd	
6.4 CITY-ST-ZIP	Richmond VA 23233	

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.

SIGNATURE:

Mike D. Johnston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/13/99

Dayside Phone #

804-780-3231

CR2E034 (5/99)

017341