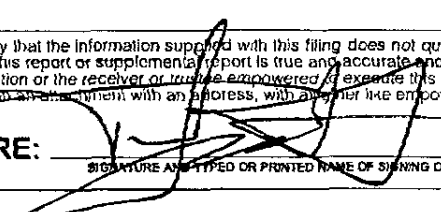


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000006283		
1. Entity Name V.G. SCOTT, INC.		
Principal Place of Business 7216 BALL CAMP PIKE KNOXVILLE, TN 37931	Mailing Address PO BOX 52187 KNOXVILLE, TN 37950-2187	
DO NOT WRITE IN THIS SPACE		 03012006 No Chg-P CR2E034 (11/05)
		4. FEI Number 62-1353807 Applied For Not Applicable
		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent PEREZ, TRACY 4540 TREELINE DRIVE PENSACOLA, FL 32504		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)		DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees 1100000466672 03/23/06-80020-008 158.75
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP SCOTT, TIM 7216 BALL CAMP PIKE KNOXVILLE, TN 37931	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP SCOTT, TODD 7216 BALL CAMP PIKE KNOXVILLE, TN 37931	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed or in an attachment with an address, with a power of attorney.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3-7-06 Daytime Phone # 865-539-9112