## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998

Principal Place of Business

1105 SWANN AVENUE TAMPA FL 33606



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F31371

(0)

CHARLES H. SCRUGGS, III, P.A.

Mailing Address

1105 SWANN AVENUE TAMPA FL 33606

## FILED Jan 23 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

					3. Date incorporated or Qualified	-	
	A. Reissal Discont Business				05/01/1981		
<b>⊢</b> '	al Place of Business 2a. Mailing Address				4. FEI Number	Applied For	
21	26				59-2111877	Not Applicable	
22	Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	8.75 Additional Fee Required	
City & S					6. Election Campaign Financing	\$5.00 May Be	
23	28					Added to Fees	
Zìp	Country	·	Zip Country			8. This corporation owes or has paid the current year Intangible	
24	25 29 30				Personal Property Tax due June 30.  Yes No		
g, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent  81 Name		
SCRUGGS, CHARLES H III				oi name			
1105 SWANN AVENUE			Ī	82 Stree	dress (P.O. Box Number is Not Acceptable)		
TAMPA FL 33606							
				83			
				84 City	FL 13 2 5 5 5 5 5		
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 life if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE							
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIF	RECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TIT	.E		Change Addition	
NAME	SCRUGGS, CHARLES H., III		1 2 NA	ΛE			
STREET ADDRES	1		1.3 STF	EET ADDRESS			
CITY-ST-ZIP	TAMPA FL	1.4.0		Y-ST-ZIP		]	
TITLE			2.1 TIT	-		Change	
NAME	SCRUGGS, PAMELA B.		2.2 NAI	ΛE	]	}	
STREET ADDRES			2.3 STR	EET ADDRESS			
CITY-ST-ZIP	1		2, 4 CIT	Y-ST-ZIP		I	
TITLE	DELETE 3.11		3.1 TITI	Ē		Change	
NAME			3.2 NA	1E			
STREET ADDRES	ss		3.3 STA	EET ADDRESS	1		
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP			
TITLE		☐ DELETE	4.1 TITE			Change Addition	
NAME			4. 2 NA	ME		1	
STREET ADORESS	s		4.3 STR	EET ADDRESS			
CITY-ST-ZIP				-ST-ZIP			
TITLE		☐ DELETE	5.1 TITL			Change Addition	
NAME			5.2 NAM	1E			
STREET ADDRESS	s l			EET ADDRESS			
CITY-ST-ZIP	-			'-ST-ZIP		1	
TITLE	·   · · · · · · · · · · · · · · · · · ·	DELETE	5.4 CIT		1	Change	
NAME			6.2 NAM				
STREET ADDRESS	e l	. ~		EET AODRESS		}	
	/ / \			-ST-ZIP			
14. I bereby	v certify that the Information supplied wit	thithis filling does not qualify to	or the exer	notion state	L. ed in Section 119.07(3)(i), Florida Statutes. I further certify t	that the information	
14. Thereby 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 of suppliemental 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 cornoration or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in							

SIGNATURE.

WIRE PLUT THE

1-5-98

(813) 254-9031