

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **F65490** (7)  
1. Corporation Name  
**SCARGILL'S EQUIPMENT SERVICE, INC.**

Principal Place of Business

**C/O IAN D SCARGILL  
3899 ULMERTON RD SUITE P-1  
CLEARWATER FL 34622**

Mailing Address

**C/O IAN D SCARGILL  
3899 ULMERTON RD SUITE P-1  
CLEARWATER FL 34622**

FILED  
Apr 23 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 **3899 ULMERTON RD**  
Suite, Apt. #, etc.  
22 **SUITE P-1**  
City & State  
23 **CLEARWATER, FL**  
Zip Country  
24 **33762** 25  
2a. Mailing Address  
26 **3899 ULMERTON RD**  
Suite, Apt. #, etc.  
27 **SUITE P-1**  
City & State  
28 **CLEARWATER, FL**  
Zip Country  
29 **33762** 30

3. Date Incorporated or Qualified

**01/28/1982**

4. FEI Number

**59-2198902**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

**\$5.00** May Be

Trust Fund Contribution ☐

Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**SCARGILL, IAN D  
236 19TH AVENUE SE  
ST PETERSBURG FL 33705**

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	DP	<input type="checkbox"/> DELETE
NAME	SCARGILL, IAN D.	
STREET ADDRESS	236 19TH AVE. SE	
CITY - ST - ZIP	ST. PETERSBURG FL 33705	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SCARGILL, KATHLEEN G.	
STREET ADDRESS	236 19TH AVE. SE	
CITY - ST - ZIP	ST. PETERSBURG FL 33705	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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

*Ian D Scargill*

4/15/98 813-577-5508

CR2E034 (10/97)