

COND 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).

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90028 027 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F93000005949**

Corporation Name  
**SCOTT ELECTROKRAFTS, INC.**



Principal Place of Business: 4 ROUTE 6, O. BOX 358, ANDOVER CT 06232  
 Mailing Address: 84 ROUTE 6, P.O. BOX 358, ANDOVER CT 06232

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
4 ROUTE 6		84 ROUTE 6		12/30/1993	
O. BOX 358		P.O. BOX 358		4. FEI Number	
ANDOVER CT 06232		ANDOVER CT 06232		06-0883835	
				Applied For	
				<input checked="" type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
Trust Fund Contribution				8. This corporation owes the current year Intangible Personal Property.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip	Country	Zip	Country		
25		29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BERGERON, ERNEST 15835 CORPORATE ROAD NORTH JUPITER FL 33478				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City		85 Zip Code	
		FL					

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
E	PC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
IE	BUSSEY, JAMES W	1.2 NAME	
REET ADDRESS	84 ROUTE 6	1.3 STREET ADDRESS	
ST-ZIP	ANDOVER CT	1.4 CITY-ST-ZIP	
E	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
IE	BUSSEY, CAROL A	2.2 NAME	
REET ADDRESS	84 ROUTE 6	2.3 STREET ADDRESS	
ST-ZIP	ANDOVER CT	2.4 CITY-ST-ZIP	
E	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
IE		3.2 NAME	
REET ADDRESS		3.3 STREET ADDRESS	
ST-ZIP		3.4 CITY-ST-ZIP	
E	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
IE		4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
ST-ZIP		4.4 CITY-ST-ZIP	
E	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
IE		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
ST-ZIP		5.4 CITY-ST-ZIP	
E	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
IE		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
ST-ZIP		6.4 CITY-ST-ZIP	

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: *Katherine Harris* 7/1/99 860-647-1453  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

U1235X1

CR2E034 (5/99)