

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000000342 (5)

1. Corporation Name

SCA-BOYNTON, INC.



Principal Place of Business

Mailing Address

SUITE 610  
102 WOODMONT BOULEVARD  
NASHVILLE TN 37205

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102 WOODMONT BOULEVARD  
NASHVILLE TN 37205

3. Date Incorporated or Qualified <b>01/24/1994</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>62-1554116</b>	Applied for <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYES STREET  
TALLAHASSEE FL 32301

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 office if applicable

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HAMBURG, WILLIAM J	
STREET ADDRESS	102 WOODMONT BOULEVARD, SUITE 610	
CITY-ST-ZIP	NASHVILLE TN 37205	
TITLE	C	<input type="checkbox"/> DELETE
NAME	GORDON, JOEL C	
STREET ADDRESS	102 WOODMONT BOULEVARD, SUITE 610	
CITY-ST-ZIP	NASHVILLE TN 37205	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NEAL, CHARLES T	
STREET ADDRESS	102 WOODMONT BOULEVARD, SUITE 610	
CITY-ST-ZIP	NASHVILLE TN 37205	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	JONES, TARPLEY B	
STREET ADDRESS	102 WOODMONT BOULEVARD, SUITE 610	
CITY-ST-ZIP	NASHVILLE TN 37205	
TITLE	V	<input type="checkbox"/> DELETE
NAME	VICKERY, E M	
STREET ADDRESS	102 WOODMONT BOULEVARD, SUITE 610	
CITY-ST-ZIP	NASHVILLE TN 37205	
TITLE	AVP	<input type="checkbox"/> DELETE
NAME	BUNDREW, DANY E	
STREET ADDRESS	102 WOODMONT BLVD STE 610	
CITY-ST-ZIP	NASHVILLE TN	

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Danny E Bundrew*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Danny E Bundrew*

7-2-96  
Date

605-385-3541  
Business Phone #

CR2E034 (3/96)