


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

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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90082 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000005033 1. Corporation Name SCOTT BROKERAGE COMPANY, INC.			
Principal Place of Business 770 GULF SHORE DR. UNIT 1003 DESTIN FL 32541		Mailing Address 770 GULF SHORE DR. UNIT 1003 DESTIN FL 32541	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. # etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent MCGILL, ROBERT E III 743 HWY 98 E. DESTIN FL 32541		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP [] Change [] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP [] Change [] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP [] Change [] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP [] Change [] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP [] Change [] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP [] Change [] Addition	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/01/1996

4. FEI Number
58-1482634
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

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	CP	[] DELETE
NAME	SCOTT, RONALD F	
STREET ADDRESS	770 GULF SHORE DR. UNIT 1003	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	VCST	[] DELETE
NAME	SCOTT, ANITA F	
STREET ADDRESS	770 GULF SHORE DR. UNIT 1003	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[] Change [] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[] Change [] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)