

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90144 023 ***150.00

DOCUMENT # F98000004414

1. Corporation Name
SCOTT SERVICE CORPORATION

Principal Place of Business
**300 SCOTSDALE AVE
SCOTSDALE PA 15683**

Mailing Address
**P.O. BOX 414
SCOTSDALE PA 15683**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1998

4. FEI Number

APPLIED FOR 25-1000923

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CP ☒ DELETE
NAME LEMIN, RANDY D
STREET ADDRESS HCR1 BOX 225
CITY-ST-ZIP CASSVILLE PA 16623

1.1 TITLE President, Director ☐ Change ☒ Addition
1.2 NAME Paul Mongell
1.3 STREET ADDRESS 541 East Crawford Avenue
1.4 CITY-ST-ZIP Connellsville, PA 15425

TITLE DV ☒ DELETE
NAME CALFO, CARL L
STREET ADDRESS 6502 MORNINGSIDE COURT
CITY-ST-ZIP MIDDLETOWN MD 21769

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME QUIGLEY, LAWRENCE W
STREET ADDRESS NO. 123 EMERSON LANE
CITY-ST-ZIP UNIONTOWN PA 15401

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 300 Scottdale Avenue
3.4 CITY-ST-ZIP Scottdale, PA 15683

TITLE S ☐ DELETE
NAME COMO, SANDRA E
STREET ADDRESS 613 HENRY STREET
CITY-ST-ZIP BELLE VERNON PA 15012

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME WISHART, JAMES
STREET ADDRESS 302 SPRUCE STREET
CITY-ST-ZIP SCOTSDALE PA 15683

5.1 TITLE Treasurer, Director ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP Scottdale, PA 15683

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Assistant Secretary ☐ Change ☒ Addition
6.2 NAME Lori J. Gruss
6.3 STREET ADDRESS 115 1/2 South Shupe Street
6.4 CITY-ST-ZIP Mt. Pleasant, PA 15666-1918

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 #

2-25-99

724-887-9110

CR2E034 (1/98)

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