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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Jan 22 1998 8:00am

	1998		D	DIVISION OF CORPORATIONS			Secretary of State				
DOCUI	MENT #	G01190)	(9)							
SCARB	ERRY, INC.										
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Principal Plac	e of Business		Mailing Add	ress					191 GIBII 616(1 G)	1811 A1411 B1B1	: 419(1199)
% H.W. SCAR		% H.W. SCARBERRY, SR. 2630 LOOPRIDGE DR.									
2630 LOOPRIDGE DR. ORANGE PARK FL 32065			ORANGE PARK FL 32065					DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualified			
2. Principal P	2a Maiting (2a. Maifing Address				09/23/1982 4. FEI Number			atta at Can		
21	iece di Besiliess		26					59-2248417			plied For t Applicable
Suite, Apt.	#, etc.			ot. #, etc.	-					\$8.75	
22		<u> </u>	27					5. Certificate of Status Desired		Fee Re	
City & State	e		City & St	ate				6. Election Campaign Financing		\$5.00	
Zip		Country	28 Zip		Country	,		Trust Fund Contribution		Added t	
24	25	303.10,	29) <u>.</u>	30	•		 This corporation owes or has p Personal Property Tax due Juni 			angible No
		Address of Current						10. Name and Address of New Ro			
SC	ARBERRY, H.W	., SR.			81	Name					
2630 LOOPRIDGE DR.						Street	Addres	ss (P.O. Box Number is Not Accepta	ble)		
ORANGE PARK FL 32065						<u> </u>		<u> </u>			
					83						
					84	City			FL	85 Zip (Code
11. Pursuant t	to the provisions	of Sections 607,0502	and 607.1508, F	lorida Statutes	s, the above	L_ e-named	corpo	ration submits this statement for the	purpose of c	i <u>l</u> hanging it:	s registered
office or re agent, I a	egistered agent, m familiar with, ai	or both, in the State o nd accept the obligat	if Florida. Such o ions of, Section	hange was au 607.0505, Flor	ithorized by ida Statute	y the corp s.	poratio	ation submits this statement for the n's board of directors. I hereby acce	pt the appoi	ntment as	registered
		a_ C . SCAA							1/14/9	8	
12.	Signature, types or prin	ted name of registered agent OFFICERS AND		(NOTE:	Registered Age	ent signature	s required	when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CEDS AND I	DIDECTOR	S IN 10
TITLE	Р	OFFICERS AND		DELETE	1.3 TITLE			ADDITIONS/CHANGES TO OFFI	DENO AIND I	Change	Addition
NAME	SCARBERRY	, H.W. SR		_	1.2 NAME					_ •	
STREET ADDRESS	2630 LOOP			در	1.3 STREET	ADDRESS					
CITY - ST - ZIP		RK FL 32065			1.4 CITY-5	ST-ZIP	<u> </u>				
TITLE	V		L	DELETE	2.1 TITLE				L	Change	Addition [
NAME PARSON - PROSON	2630 LOOPE	, VIRGINIA C			2.2 NAME						
STREET ADDRESS CITY-ST-ZIP		IRK FL 32065			2.3 STREET 2. 4 CITY -						
TITLE	ST	THE OZOGO		DELETE	3.1 TITLE	SI-ZIF				Change	☐ Addition
NAME	SCARBERRY	, MICHAEL J			3.2 NAME		İ				
STREET ADDRESS	11247 SAN	Jose Blvd.			3.3 STREET	ADDRESS					
CITY - ST - ZIP	JACKSONVI	LE FL 32223		T	3.4. CITY - 1	ST-ZIP					
TITLE			Ļ	DELETE	4.1 TITLE				L	Change	☐ Addition
NAME CTREET ADDRESS					4. 2 NAME	*0000000	ł				}
STREET ADDRESS CITY - ST - ZIP					4.3 STREET 4.4 CITY - S						
TITLE				DELETE	5.1 TITLE	11-211				Change	Addition
NAME					5.2 NAME						
STREET ADDRESS					5.3 STREET	ADDRESS	[
CITY-ST-ZIP				Tarier	5.4 CITY - S	T- ZIP				l at	
TITLE			Ŀ] DELETE	6.1 TITLE		}		L	Change	☐ Addition
NAME CERTAIN					6.2 NAME	ADDDCCC					
STREET ADDRESS CITY-S1-ZIP					6.3 STREET	i					
	ertify that the info	rmation supplied with	n this filing does	not qualify for			ed in Se	ection 119.07(3)(i), Florida Statutes.	further cert	fy that the	information

r nereby certify that the information supplied with this limit does not quality for the exemption stated in Section 119.07(3)(f), Horida Statutes, I data effects with 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.