## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO SEINSTATE: \$750.)

PROFIT. FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham FILED ANNUAL REPORT Secretary of State 97 JUL 23 PM 3: 07 1997 DIVISION OF CORPORATIONS DOCUMENT # on Charlett or STATE G06476 TALLAHASSEE, FLORIDA SCEARCE ASSOCIATES, INC. Principal Place of Business Mailing Address 354 OFFICE PLAZA 354 OFFICE PLAZA TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 3. Date Incorporated or Qualified 01/23/1996 10/29/1982 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 54-1091231 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Added to Fees Trust Fund Contribution 23 28 Country This corporation owes or has paid the current year Intangible Zip Country Personal Property Tax due June 30. ☐ Yes 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LAGER, THOMAS W. 354 OFFICE PLAZA 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 84 City 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 (NOTE Registored Agent signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE ☐ Change ☐ Addition ST 1111111 TITLE SCEARCE, JEWEL H 1.2 NAME NAME 3212 LAKESHORE DR E 1.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 0 1.4 CHY- \$1-ZIP CITY-ST-ZIP DELETE 2.1 TITLE TITLE SCEARCE, JAMES F NAME 2.2 NAME 3212 LAKESHORE DR E 2 3 STREET ADDRESS \*\*\*\*165.00 \*\*\*\*165.00 STREET ADDRESS TALLAHASSEE, FL 0 2 4 CHTY - ST - ZIE BUTY-ST-ZIP Addition DELETE ☐ Change 3.1 THILE **S**CEARCE, JAMES F 3.2 NAME NAME 3212 LAKESHORE DR E 3.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 0 3.4. CHIY-ST-ZIP CITY-ST-ZIP

6.4 CITY - ST - ZIP 14. I do 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.

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James F. Scearce 3212 E. Lakeshore Drive Tallahassee, Florida 32312 904-386-6094

July 20, 1997

Division of Corporations Annual Reports Section 409 East Gaines Street Tallahassee, Florida 32399

Re: Scearce Associates, Inc./1997 Annual Report

Dear Sir/Madam:

This letter is to advise you that historically the Annual Reports for the above-referenced corporation are received and filed with your office in January of every year. However, due to some unforeseen reason said report (2nd Notice) was not received until July, 1997. Therefore, I would appreciate your filing the attached report and waiving the late fee.

Your assistance in this matter is greatly appreciated.

Sincerely,

Yevel H. Scearce, Secretary/Treasurer

Scearce Associates, Inc.

/jhs Attachment