

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G65876** (6)

1. Corporation Name:

R.A. SCOTT CONSTRUCTION COMPANY



Principal Place of Business

Mailing Address

**% 6200 SHORELINE DRIVE
PORT ORANGE FL 32127**

**% 6200 SHORELINE DRIVE
PORT ORANGE FL 32127**

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

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/11/1983

3a. Date of Last Report

02/21/1995

4. FEI Number

59-2342071

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

Ronald A. Scott

82. Street Address (P.O. Box Number is Not Acceptable)

6200 Shoreline Drive

83.

84. City

Port Orange

FL

85. Zip Code
32127

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

TITLE **PD** ☐ DELETE

NAME **SCOTT, RONALD A.**
STREET ADDRESS **6200 SHORELINE DRIVE**
CITY-ST-ZIP **PORT ORANGE FL**

TITLE **DV** ☒ DELETE

NAME **MARTIN, RICHARD K.**
STREET ADDRESS **40 WINDING CREEKWAY**
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE **DST** ☒ DELETE

NAME **MARTIN, ROBERT D.**
STREET ADDRESS **96 NORTH SAINT ANDREWS**
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE **AS** ☐ DELETE

NAME **SCOTT, MARK A.**
STREET ADDRESS **4632 GOLDEN APPLES TRAIL**
CITY-ST-ZIP **PORT ORANGE FL**

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **Vice President/Director** ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **Secretary/Treasurer/Director** ☐ Change ☒ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96

904-238-1234

Date

Daytime Phone #

CR2E034 (12/95)