FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H09978 (8)

1. Corporation Name
SCOTT'S GARAGE, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
4802 SE 102ND PLACE P.O. BOX 1629 BELLEVIEW FL 34421	4802 SE 102ND PLACE P.O. BOX 1629 BELLEVIEW FL 34421 US

3. Date Incorporated or Qualified: 06/27/1984
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-2445452 ☐ 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

9. Name and Address of Current Registered Agent

BOUCHER,GLORIA
4802 S.E. 102 PL.
P.O. BOX 1629
BELLEVIEW FL 32620

10. Name and Address of New Registered Agent

81 Name: Wilson, Linda
82 Street Address (P.O. Box Number is Not Acceptable): 3920 S. E. 120th Street
83: P.O. Box 1629
84 City: Belleview FL 85 Zip Code: 34421

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: Linda Wilson — Linda Wilson — 4-19-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when restating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	BOUCHER, WILLIAM SR.	1.2 NAME	Boucher, William Jr.	
STREET ADDRESS	4802 SE 102 PL	1.3 STREET ADDRESS	4802 SE 102 Place	
CITY-ST-ZIP	BELLEVIEW FL	1.4 CITY-ST-ZIP	Belleview, Fl 34421	
TITLE	VP	2.1 TITLE	VP,T,S	☐ Change ☒ Addition
NAME	BOUCHER, WILLIAM JR.	2.2 NAME	Wilson, Linda A.	
STREET ADDRESS	4802 SE 102 PL	2.3 STREET ADDRESS	3920 S.E. 120th Street	
CITY-ST-ZIP	BELLEVIEW FL	2.4 CITY-ST-ZIP	Belleview, Florida	
TITLE	ST	3.1 TITLE		☐ Change ☐ Addition
NAME	BOUCHER, GLORIA	3.2 NAME		
STREET ADDRESS	4802 SE 102 PL	3.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEVIEW FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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.

SIGNATURE: William Boucher Jr. Wm.C. Boucher Jr. 4-20-95 904-245-3990
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

000001 FF