

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # H27233 (6)

1. Corporation Name
STEBBINS & SCOTT, ARCHITECTS, P.A.
STEBBINS, SCOTT & BERGMAN, ARCHITECTS, PA



Principal Place of Business Mailing Address

W-RICHARD G. STEBBINS Jack H. Scott **W-RICHARD G. STEBBINS Jack H. Scott**
 2101 SUNRISE BLVD 2101 SUNRISE BLVD
 FT. PIERCE FL 34950 FT. PIERCE FL 34950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/25/1984

4. FEI Number **59-2458597** 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**

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

STEBBINS, RICHARD G.
2101 SUNRISE BLVD
FT. PIERCE FL 34950

10. Name and Address of New Registered Agent

81 Name **SCOTT, JACK H.**

82 Street Address (P.O. Box Number is Not Acceptable)
2101 SUNRISE BLVD.

83

84 City **FT. PIERCE** FL 85 Zip Code **34950**

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 **Jack H. Scott** **Jack H. Scott P/T** DATE **4/20/98**

Signature: typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEBBINS, RICHARD G.	1.2 NAME	Jack H. Scott
STREET ADDRESS	2101 SUNRISE BLVD.	1.3 STREET ADDRESS	2101 Sunrise Blvd
CITY-ST-ZIP	FORT PIERCE FL 34950	1.4 CITY-ST-ZIP	FT. Pierce, FL 34950
TITLE	VPT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT, JACK H.	2.2 NAME	Donald L. Bergman
STREET ADDRESS	2101 SUNRISE BLVD.	2.3 STREET ADDRESS	2101 sunrise Blvd
CITY-ST-ZIP	FT. PIERCE FL 34950	2.4 CITY-ST-ZIP	Ft. Pierce, FL 34950
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	200002518262
STREET ADDRESS		5.3 STREET ADDRESS	-05/11/98--01007--029
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***158.75
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 in an attachment with an address.

SIGNATURE: **Jack H. Scott** **Jack H. Scott** **4/20/98** **561-464-3122**

CFR2E034 (10/97)