03-11-1999 90110 005 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H36942

1. Corporation Name								
SCARAB DEVELOPMENT CORPORATION								
						4 8 8		A 1 2 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 2
Principal Place	e of Business	Mailing Address				8 8 8 8 8 8	ELEKI DIGIL EK	<u>(() </u>
% DON W. DAVID . JR. % DON W. DAVID . JR.					ļ			
111 FERRY ROAD. SE 111 FERRY ROAD. SE					DO NOT WEIT	E IN THIS SE	PACE	
FT. WALTON BCH FL 32548 FT. WALTON BCH FL 32548					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
					01/07/1985			
Principal Place of Business 2a. Mailing Address		2a. Mailing Address			4. FEI Number		Apr	plied For
21 26					59-2530896			t Applicable
Suite, Apt. #, etc. St		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired		\$8.75 A Fee Re	1
City & State City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28	· !		Trust Fund Contribution		Added to	
Zip			Country		8. This corporation owes the curre			
24	25 29 30		30		Personal Property Tax.			□No
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Ro	agistered Ag	BUL	
DAVID, DON W., JR.			ļ					
111 FERRY ROAD, SE		82	Street Ad	Idress (P.O. Box Number is Not Acceptal	ole)			
FT. WALTON BEACH FL 32548			83	1	del tracket and the second and the s			_
			84	84 City			85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes				<u> </u>	and the state of t		naina ita	rogistered
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida. Such change was auti	honzed by	the corpora	ation's board of directors. I hereby accept	the appointm	ient as reç	jistered
SIGNATURE						DATE		}
Signature, typed or printed name of registered agent and title if applicable (NOTE R 12. OFFICERS AND DIRECTORS			13.	nt signature requ	aired when reinstating) ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12
TITLE	PD OFFICERS AI	DELETE	1.1 TITLE	1	Abbillional Control of Control		Change	Addition
NAME	DAVID, DON W. JR.	DON W. JR.						
STREET ADDRESS	ii.m		1.3 STREE	TADORESS				
CITY-ST-ZIP	050711 5		1,4 CITY-5	ST-ZIP				
TITLE	STD						Change	☐ Addition
NAME	HAMBY, DENNIS S. 22 N		2.2 NAME	}				
STREET ADDRESS	,		2.3 STREE	TADDRESS				
CITY-ST-ZIP			2.4 CITY-	ST-ZIP				
TITLE	VD	DELETE	3.1 TITLE			Ļ	Change	☐ Addition
NAME	KENDRICK, CLAUDE J. III		32 NAME	-	•			
STREET ADDRESS	60 YACHT CLUB DR.			TADDRESS				
CITY-ST-ZIP	FT. WALTON BCH. FL			ST-ZIP	A		Change	Addition
TITLE	VD Young, Joe C.	[] OLLETE	4.1 TITLE 4.2 NAME	.				
NAME STREET ADDRESS	845 LAKESIDE DRIVE			T ADDRESS	•			
CITY-ST-ZIP	DEOTH E		4.4 CITY-5					
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS	DDRESS 5.3		5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		•] Change	Addition
NAME			6.2 NAME					
STREET ADDRESS	ĺ		6.3 STREE	ET ADDRESS				

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 of 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 of 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, of on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

REQUIRED

Daytime Phone #