

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90111 035 ***150.00

DOCUMENT # H41595

1. Corporation Name

SCOTT WAYNE COMMUNITIES, INC.

Principal Place of Business

1801 SOUTH NOVA ROAD
SOUTH DAYTONA FL 32119
US

Mailing Address

1801 SOUTH NOVA ROAD
SOUTH DAYTONA FL 32119
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/25/1985

4. FEI Number

59-2556153

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 501 N. Grandview Ave
Suite, Apt. #, etc.

22 Suite 105

City & State

23 Daytona Beach, FL

Zip Country

24 32118 25 US

2a. Mailing Address

26 501 N. Grandview Ave
Suite, Apt. #, etc.

27 Suite 105

City & State

28 Daytona Beach, FL

Zip Country

29 32118 30 US

9. Name and Address of Current Registered Agent

MARTIN, ROBERT D
501 N GRANDVIEW AVE
STE 105
DAYTONA BCH FL 32118

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

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 V ☐ DELETE
NAME MARTIN, RICHARD
STREET ADDRESS 1801 S. NOVA RD.
CITY-ST-ZIP SOUTH DAYTONA FL 32119

TITLE V ☐ DELETE
NAME SCOTT, RONALD A
STREET ADDRESS 1801 S. NOVA RD.
CITY-ST-ZIP SOUTH DAYTONA FL 32119

TITLE ST ☐ DELETE
NAME MARTIN, ROBERT D
STREET ADDRESS 1801 S. NOVA RD.
CITY-ST-ZIP SOUTH DAYTONA FL 32119

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 501 N. Grandview Ave # 105
1.4 CITY-ST-ZIP Daytona Beach, FL 32118

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 501 N. Grandview Ave # 105
2.4 CITY-ST-ZIP Daytona Beach, FL 32118

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 501 N. Grandview Ave # 105
3.4 CITY-ST-ZIP Daytona Beach, FL 32118

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert D. Martin

1/11/99

904-238-5577

Date

Daytime Phone #

CR2E034 (1/98)