

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:53

DOCUMENT # H49796

(6)

1. Corporation Name

THE SCARLET MACAW, INC.

Principal Place of Business

Mailing Address

C/O EVELYN GEYER
1518 STICKNEY POINT RD.
SARASOTA FL 34231

C/O EVELYN GEYER
1518 STICKNEY POINT RD.
SARASOTA FL 34231

15 CROSS RD
CENTER

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1985

3a. Date of Last Report

09/08/1994

4. FEI Number

59-2582848

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Trust Fund Contribution

☐

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

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

Zip

Country

Country

24

29

34239

SARASOTA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GEYER, EVELYN
15 CROSS ROADS
SUITE 257
SARASOTA FL 33579

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

Evelyn Geyer
Signature (Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

4/25/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

GEYER, EVELYN

STREET ADDRESS

15 CROSS ROADS, #257

CITY ST ZIP

SARASOTA FL

TITLE

PTD

NAME

BECK, E.N.

STREET ADDRESS

15 CROSS ROADS, STE 257

CITY ST ZIP

SARASOTA FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY ST ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY ST ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY ST ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY ST ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY ST ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY ST ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 the 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:

E.N. Beck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95

813-923-

1307