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Feb 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H70986

(5)

1. Corporation Name  
SCOTT-MCRAE INVESTMENTS, INC.

Principal Place of Business  
1725 MEMORIAL PARK DR.  
JACKSONVILLE FL 32204

Mailing Address  
1725 MEMORIAL PARK DR.  
JACKSONVILLE FL 32204-4117



3. Date Incorporated or Qualified  
08/09/1985

3a. Date of Last Report  
03/13/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

59-2605289

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

S.R. GEIGER AND PAM L. WIKER  
1725 MEMORIAL PARK DR.  
JACKSONVILLE FL 32204

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 type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

11 TITLE ☐ Change ☐ Addition

NAME  
MCRAE, WALTER A., JR.  
STREET ADDRESS  
1725 MEMORIAL PK DR.  
CITY-STATE-ZIP  
JACKSONVILLE FL

12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP

TITLE ☐ DELETE

21 TITLE ☐ Change ☐ Addition

NAME  
SCOTT, JACK L.  
STREET ADDRESS  
1725 MEMORIAL PK DR.  
CITY-STATE-ZIP  
JACKSONVILLE FL

22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP

TITLE ☐ DELETE

31 TITLE ☐ Change ☐ Addition

NAME  
GRAHAM, HENRY H., JR.  
STREET ADDRESS  
1725 MEMORIAL PK DR.  
CITY-STATE-ZIP  
JACKSONVILLE FL

32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP

TITLE ☐ DELETE

41 TITLE ☒ Change ☐ Addition

NAME  
HERZOG, GERALD W  
STREET ADDRESS  
701 FISK STREET  
CITY-STATE-ZIP  
JACKSONVILLE FL

42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP

VSD  
Herzog, Gerald W.  
701 Fisk St.  
Jacksonville, FL 32204

TITLE ☐ DELETE

51 TITLE ☐ Change ☐ Addition

NAME  
KOPP, E A JR  
STREET ADDRESS  
701 FISK STREET  
CITY-STATE-ZIP  
JACKSONVILLE FL

52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP

TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

NAME  
MATHENY, LAWRENCE M.  
STREET ADDRESS  
701 FISK STREET  
CITY-STATE-ZIP  
JACKSONVILLE FL

62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP

14. I do 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.

SIGNATURE:

*Henry H. Graham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Henry H. Graham 2-21-97 904-354-3300

Date

Daytime Phone #

CR2E034 (9/96)