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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # **K04199**

(1)

Corporation marite

SCOTT LAKE ENTERPRISES, INC.

		Mulus Address					
Principal Place of State DAVID L. CU 1019 PIPKIN RC	IRRY D.	% DAVID L. CURF 500 SO FLORIDA	DAVID L. CURRY O SO FLORIDA AVE. 8TH FLOOR				
LAKELAND FL 33811		us Us	LAKELAND FL 33801 US		3. Date Incorporated or Qualified 11/25/1987	3a. Date of Last Report 06/30/1995	
2. Principal Plac	ce of Business	2a. Mailing Address 26	5		4. FEI Number 59-2860851	Applied For Not Applicable	
Suite, Apt. #, etc		27]			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip !4	Country 25	Ζη: [29]	30 Coun	try 	8. This corporation has liability for Florida Statutes Ye 10. Name and Address of New	s □No	
	g. Name and Address of Cur	rent Hegistered Agent		B1 Nan e	10. Name and Address of New	Neglistered Agent	
CURRY, DAVID L. 1019 PIPKIN RD.					ddress (P.O. Box Number is Not Acceptable)		
	D FL 33811		-	B3			
			Ī	84 City		FL 85 Zip Code	
SIGNATURE	ignative typed or protect name of requiremental and OF EICERS	ं र के तमार मा अवश्व अर्थ AND DIRECTORS 	13.	Ngorit Ballius for explore		tiATE FICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition	
NAME STREET ADDRESS	CURRY, DAVID L. 1019 PIPKIN RD.		1.2 NA	ME REET ADORESS			
CITY - ST - ZIP TITLE	LAKELAND FL	DETE!	·	Y-S*-Z# ILE		Change Addition	
NAME STREET ADDRESS			2.2 NAI 2.3 ST	Mé REEL ADORESS			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	2 4 011	Y-ST-ZIP			
TITLE NAME		☐ D£(£)	3.2 NA	ME		Change Addition	
STREET ADDRESS CITY-ST-ZIP				REEL ADDRESS Y-ST-ZiP			
TITLE		☐ DELET	TE 4 1 Ti	TLE		Change Addition	
NAME			42 NA	ME			
STREET ADDRESS				REFT ADDRESS			
CITY - ST - ZIP		fra ex. c		Y - ST - 71F		Theres Addiso	
TITLE		☐ DELEI				Charge 🔲 Addition	
NAMÉ			52 NA				
STREET ADDRESS				HEFT ADDRESS			
CITY-ST-ZIP TITLE		DELE		TUE		Change Addition	
NAME		<u></u>	6 2 N ^a				
STREET ADORESS				REET ADDRESS			
CITY ST. 7IP			640	TY-SI-ZIP			
14. I do hereb certify that		annual report or supplemen propration or the receiver of	ital annual report i: r trustee empowei		for the exemption stated in Section 1 rate and that my signature shall have the report as required by Chapter 607,		

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATO OFFICER OR DIRECTOR

(941)646-578)