

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K34200** (1)
1. Corporation Name
SCR, INC.



Principal Place of Business
**% SANFORD C. REYNOLDS
6653 POWERS AVE., SUITE 5
JACKSONVILLE BCH FL 32217
US**

Mailing Address
**% SANFORD C. REYNOLDS
4032 PONTE VEDRA BV
JACKSONVILLE BCH FL 32250**

3. Date Incorporated or Qualified
09/23/1988

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2913150

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 **6653 Powers Ave**
Suite, Apt. #, etc.
22 **Suite 5**
City & State
23 **Jacksonville, FL**
Zip
24 **32217** Country
25 **Dura** Zip
26 **SAME** Suite, Apt. #, etc.
27 **SAME** City & State
28 **SAME** Zip
29 **SAME** Country
30 **SAME**

9. Name and Address of Current Registered Agent

**REYNOLDS, SANFORD C.
4032 PONTE VEDRA BV
JACKSONVILLE BCH FL 32250**

10. Name and Address of New Registered Agent

81 Name
Sherry E. Hobbs

82 Street Address (P.O. Box number is Not Acceptable)
6653 Powers Ave

83
Suite 5

84 City
Jacksonville FL 85 Zip Code
32217

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 **Sherry E. Hobbs** DATE **Feb 26, 1996**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	D			<input type="checkbox"/>
	REYNOLDS, SANFORD C.	4032 PONTE VEDRA BV	JACKSONVILLE BCH FL	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. CHANGE	6. ADDITION
	Pres./ Treas. / Sec. / Dir.			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Sherry E. Hobbs	6653 Powers Ave	Suite 5 Jacksonville, FL 32217	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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: **Sherry E. Hobbs**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 26, 1996 904-731-5462
Date Daytime Phone #

CR2E034 (12/95)