

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

FILED  
Apr 22 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K69589** (5)  
1. Corporation Name  
**SCALLOPS OF FLORIDA, INC.**

Principal Place of Business <b>103 WATER ST. APALACHICOLA FL 32320 US</b>	Mailing Address <b>P O BOX 697 APALACHICOLA FL 32329-0697 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/01/1989</b>	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number <b>59-2944202</b>	Applied For Not Applicable
22 City & State	27	29 City & State	30	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip	25 Country	28 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>SHULER, J. GORDON 34 - 4TH STREET APALACHICOLA FL 32320</b>				10. Name and Address of New Registered Agent	
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.				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	
NAME	WARD, OLAN B.	1.2 NAME	
STREET ADDRESS	111 AVENUE C	1.3 STREET ADDRESS	
CITY-ST-ZIP	APALACHICOLA FL	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	
NAME	WARD, WALTER MACK	2.2 NAME	
STREET ADDRESS	64 - 23RD AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	APALACHICOLA FL	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	
NAME	WARD, THOMAS L.	3.2 NAME	
STREET ADDRESS	161 LONG ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	APALACHICOLA FL	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	
NAME	WARD, RACHEL L.	4.2 NAME	
STREET ADDRESS	64 23RD AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	APALACHICOLA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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	
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SIGNATURE: *[Signature]* **Walter M. Ward** **DVP** **4-16-98** **85D. 653-8710**

CR2E034 (10/97)