

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **K70194** (1)

1. Corporation Name  
**SCEETA COMPANY, INC.**



Principal Place of Business

**12851 KELLY BAY COURT  
FT. MYERS FL 33908**

Mailing Address

**12851 KELLY BAY COURT  
FT. MYERS FL 33908**

3. Date Incorporated or Qualified  
**03/03/1989**

3a. Date of Last Report  
**02/20/1995**

2. Principal Place of Business  
21 **11401 Longwater Chase Ct**

2a. Mailing Address  
26 **11401 Longwater chase Ct**

4. FEI Number  
**65-0117956**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 **ft Myers, FL**

28 **ft. Myers, FL**

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

24 **33908-4950**

25 **Lee**

29 **33908-4950**

30 **Lee**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCOTT, J. T.  
12851 KELLY BAY COURT  
FT. MYERS FL 33908**

81 Name **J. T. Scott**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**11401 Longwater Chase Ct**  
83  
84 City **ft Myers** FL 85 Zip Code **33908-4950**

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

*J. T. Scott, President*

*J. T. Scott*

*1/20/96*

Signature of officer or director of registered agent and title (if applicable)

(If title Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SCOTT, J. T.	
STREET ADDRESS	12851 KELLY BAY CT.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	DSVP	<input type="checkbox"/> DELETE
NAME	SCOTT, LOLETA E.	
STREET ADDRESS	12851 KELLY BAY CT.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>11401 Longwater chase Ct</b>
1.4 CITY-ST-ZIP	<b>FT Myers, FL 33908-4950</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>11401 Longwater chase Ct</b>
2.4 CITY-ST-ZIP	<b>ft Myers, FL 33908</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)