

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

FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K98143** (6)

1. Corporation Name
SCOTT'S AUTO REPAIR, INC.



Principal Place of Business % JACK SCOTT 7109 WESTMORELAND DRIVE SARASOTA FL 34243	Mailing Address % JACK SCOTT 7109 WESTMORELAND DRIVE SARASOTA FL 34243
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7109 WESTMORELAND DR. Suite, Apt. #, etc.		2a. Mailing Address 26 7109 WESTMORELAND DR. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/26/1989
22 City & State 23 SARASOTA, FL. Zip 24 34243		27 City & State 28 SARASOTA, FL. Zip 29 34243		4. FEI Number 65-0131224 Applied For Not Applicable
25 U.S.		30 U.S.		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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**SCOTT, JACK
820 PENNSYLVANIA WAY
SARASOTA FL 34243**

10. Name and Address of New Registered Agent

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, typed 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	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SCOTT, JACK	1.2 NAME	
STREET ADDRESS	7109 WESTMORELAND DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	P ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SCOTT, JEFF	2.2 NAME	
STREET ADDRESS	618 CHEVY CHASE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34243	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE

Jeff Scott

3.2.98

9/11/98

CR2E034 (10/97)