

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:53

DOCUMENT # **L37024** (1)

1. Corporation Name

SCOTT-SIMS & ASSOCIATES, INC.

Principal Place of Business

**4019 EAST FOWLER AVENUE
TAMPA FL 33617**

Mailing Address

**4019 EAST FOWLER AVENUE
TAMPA FL 33617**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/14/1989

3a. Date of Last Report

02/07/1994

4. FBI Number

59-2984662

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ X

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. The corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

22. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

23. City & State

27. City & State

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

**STULL, R. JEFFFREY
STULL, DEE & BARBER, P.A.
602 SOUTH BOULEVARD
TAMPA FL 33606**

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 third as applicable

(If 11. The registered agent is a corporation, it must be a resident of Florida)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

SCOTT, DAVID D.

STREET ADDRESS

4019 E FOWLER AVE

CITY, ST, ZIP

TAMPA FL

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY, ST, ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David D. Scott, President

1/10/95

(813) 972-8722