

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 # **L45205** (6)

1. Corporation Name

SCALE HOUSE, INC.



Principal Place of Business

**3825 SELVITZ RD
FT. PIERCE FL 34981
US**

Mailing Address

**3825 SELVITZ RD
FT. PIERCE FL 34981
US**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/01/1990

3a. Date of Last Report

02/07/1995

4. FEI Number

65-0164937

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

10. Name and Address of New Registered Agent

**RODERICK V. MAINE
3825 SELVITZ ROAD
FT. PIERCE FL 34981**

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, if not applicable,

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

111 TITLE ☐ DELETE

NAME **D MAINE, RODERICK**
STREET ADDRESS **3825 SELVITZ ROAD**
CITY-STATE-ZIP **FT. PIERCE FL**

112 TITLE ☐ DELETE

NAME **D MAINE, JOAN**
STREET ADDRESS **3825 SELVITZ ROAD**
CITY-STATE-ZIP **FT. PIERCE FL**

113 TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP

114 TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP

115 TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP

116 TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

111 TITLE ☐ Change ☐ Addition

112 NAME

113 STREET ADDRESS

114 CITY-STATE-ZIP

211 TITLE ☐ Change ☐ Addition

212 NAME

213 STREET ADDRESS

214 CITY-STATE-ZIP

311 TITLE ☐ Change ☐ Addition

312 NAME

313 STREET ADDRESS

314 CITY-STATE-ZIP

411 TITLE ☐ Change ☐ Addition

412 NAME

413 STREET ADDRESS

414 CITY-STATE-ZIP

511 TITLE ☐ Change ☐ Addition

512 NAME

513 STREET ADDRESS

514 CITY-STATE-ZIP

611 TITLE ☐ Change ☐ Addition

612 NAME

613 STREET ADDRESS

614 CITY-STATE-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:

Roderick V. Maine

Roderick Maine

Director

1/16/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)