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 # L50192 (8)

1. Corporation Name

SCOTT LESTER, INCORPORATED

Principal Place of Business
3427 FALLVIEW COURT
LAND O'LAKES FL 34639
US

Mailing Address
% SCOTT LESTER
P.O. BOX 2108
LAND O'LAKES FL 34639
US

3. Date Incorporated or Qualified	3a. Date of Last Report
02/09/1990	01/24/1995

4. FEI Number: 59-2989298 ☐ 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

2. Principal Place of Business
- 21: 4111 Land O'Lakes Blvd
- 22 Suite, Apt #, etc.: Suite 303C
- 23 City & State: Land o'lakes, Fl.
- 24 Zip: 34639
- 25 Country: USA

2a. Mailing Address
- 26:
- 27 Suite, Apt #, etc.:
- 28 City & State:
- 29 Zip:
- 30 Country:

9. **Name and Address of Current Registered Agent**

LESTER, SCOTT
3427 FALLVIEW CT
LAND O LAKES FL 34639

10. **Name and Address of New Registered Agent**
- 81 Name:
- 82 Street Address (P.O. Box Number is Not Acceptable): 22514 Shoreside Dr.
- 83
- 84 City: Land O' Lakes FL
- 85 Zip Code: 34639

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 ____________ DATE ____________

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LESTER, SCOTT		1.2 NAME	
STREET ADDRESS	3427 FALLVIEW CT		1.3 STREET ADDRESS	22514 Shoreside Dr.
CITY-ST-ZIP	LAND O LAKES FL		1.4 CITY-ST-ZIP	Land O'Lakes, Fl. 34639
TITLE	ST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LESTER, PAULA		2.2 NAME	
STREET ADDRESS	3427 FALLVIEW CT		2.3 STREET ADDRESS	22514 Shoreside Dr.
CITY-ST-ZIP	LAND O'LAKES FL		2.4 CITY-ST-ZIP	Land O'Lakes, Fl. 34639
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 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: Paula Lester — Paula Lester Secretary Treasurer — 1/16/96 — (813)996-6287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)