

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90177 015 ***158.75

DOCUMENT # L64091

1. Corporation Name
SCION, INC.

Principal Place of Business

15200 S. TAMiami TRAIL
SUITE 108
FT MYERS FL 33908

Mailing Address

15200 S. TAMiami TRAIL
SUITE 108
FT MYERS FL 33908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/05/1990

4. FEI Number

65-0187091

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

STOLLER, MAXINE
15200 S TAMiami TR 108
FT MYERS FL 33908

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

TITLE PD
NAME STOLLER, MAXINE
STREET ADDRESS 14894 AMERICAN EAGLE CT
CITY-ST-ZIP FT MYERS FL

☐ DELETE

TITLE TD
NAME EATON, JACQUI
STREET ADDRESS 18161 ADAMS CIRCLE
CITY-ST-ZIP FT MYERS FL

☐ DELETE

TITLE D
NAME EATON, BRUCE
STREET ADDRESS 18161 ADAMS CIRCLE
CITY-ST-ZIP FT MYERS FL

☐ DELETE

TITLE SD
NAME BACHTOLD, DEBRA
STREET ADDRESS 310 W OAK
CITY-ST-ZIP FAIRBURY IL

☐ DELETE

TITLE D
NAME BACHTOLD, ROGER
STREET ADDRESS 310 W OAK
CITY-ST-ZIP FAIRBURY IL

☐ DELETE

TITLE D
NAME STOLLER, CHIP
STREET ADDRESS 14894 AMERICAN EAGLE CT
CITY-ST-ZIP FT MYERS FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

12712 DEVONSHIRE LAKES DR
FT MYERS FL 33912

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

12712 DEVONSHIRE LAKES DR
FT MYERS FL 33912

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/99

482-8747

CR2F034 (11/98)