SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** (2)L81568 SCOFIELD'S INC. OF ST. PETERSBURG, FL Mailing Address Principa! Place of Business 2951 BETHANY PLACE 6030 1ST ST N CLEARWATER FL 34619 ST. PETERSBURG FL 33703 HS 3a. Date of Last Report 3. Date Incorporated or Qualified 05/01/1995 06/19/1990 Applied For 4. FEI Numbe 2a. Mailing Address 2. Principal Place of Business 59-3016223 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt # elc 5. Certificate of Status Desired Fee Required 27 22 **\$5.00** May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032 Country Country Zip Yes No 30 Florida Statules 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SCOFIELD, FRED A. Street Address (P.O. Box Number is Not Acceptable) 2951 BETHANY PL 82 **CLEARWATER FL 34619** 83 Zip Code 85 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE. Signal de type for professioner or registered agent and their applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96)13. OFFICERS AND DIRECTORS 12. Change Addition DELFIE 1111111 TITLE E034 1.2 NAME SCOFIELD, FRED A. NAME 1.3 STREET ADDRESS 6030 1ST STREET NORTH STREET ADDRESS ST. PETERSBURG FL 14 City St-ZiP CITY - ST-ZIP Change ___ Addition DELETE 21 THILE TITLE SCOFIELD, PATRICIA T. 2.2 NAME NAME 6030 1ST STREET NORTH 2.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 2 4 CITY - ST-ZIP CITY - ST-ZIP Change Addition DELETE 3.1 TITLE TITLE SCOFIELD, DAVID A. 3.2 NAME NAME 6030 1ST STREET NORTH 3 3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 34 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4 1 TULE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY - ST - ZIP CITY - ST - ZIP Change Addition DELFTE 5.1 THUE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP CHY-ST-ZIP Change Addition DELFTE 61 TiTLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CHY-ST-ZIP applied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 ed on this arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if director of the corporation or the receiver or Irustee empowered to execute this report as required by Chapter 617, Florida Statutes, and obtain a light open all achieves an address. CITY-ST-ZIP

pariet A. Sefield 7-24-96 813-442-0692

14. I do hereby certify that the informal further certify that the information made under oath, that I am an onic that my name appears in Blo

SIGNATURE