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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DOCUMENT # L81568

(2)

SCOFIELD'S INC. OF ST. PETERSBURG, FL

Principal Place of Business		Mailing Address			ian eiri sibit dibit dibit dibit dibit iddi
6030 1ST ST N ST. PETERSBURG FL 33703 US		2951 BETHANY PLACE CLEARWATER FL 34619-1402 US			
				Date Incorporated or Qualified 06/19/1990	3s. Date of Last Report 08/05/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26 4970 82 ND Ave. N.		59-3016223	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & State		27)			Fee Required
23		28 Pinellas PK 71		6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip	Country		Country	Trust Fund Contribution 8. This corporation has liability for in	
24	25	29 3378) 3	of Pivellas		Yes No
241	9. Name and Address of Currer		01 / Mar 1107	10. Name and Address of New Reg	·
SCOFIELD, FRED A. 81 Namo					
2951 BETHANY PL			82 Street Addr	ess (P.O. Box Number is Not Acceptabl	10)
CLEARWATER FL 34619			62 Siredi Addin	ess (F.O. Box Number is Not Acceptable	le,
			83		
			84 City		85 Zip Code
					FL
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, if 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, Elorida Statutes.					
agent. I am familie with and accept the obligations of, Section 607.0505. Florida Statutos					
SIGNATURE	III Solule	F.A	Scotleld	Resident 4	1-28-97
			logistered Agent signature require		DATE
12.	OFFICERS AN	D DIRECTORS DELETE	13. 3.1 THEF	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12 Change Addition
NAME	SCOFIELD, FRED A.				Change Addition
STREET ADDRESS	6030 1ST STREET NORTH		1,2 NAME 1,3 STREET ADDRESS		1
1 1	ST. PETERSBURG FL		S 1		<u> </u>
CITY-ST-ZIP TITLE	ST	☐ DELETE	1.4 C/TY - S1 - ZIP 2.1 TITLE		Change Addition
NAME	SCOFIELD, PATRICIA T.	_ Peccit	2.2 NAME		E. J. Orwingo
STREET ADDRESS	6030 1ST STREET NORTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY - ST - ZIP		
TITLE	V	☐ DELETE	3.1 Title		Change Addition
NAME	SCOFIELD, DAVID A.		3.2 NAME		
STREET ADDRESS	6030 1ST STREET NORTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		1
CITY-ST-ZIP			4.4 CITY+ST-ZIP		
TITLE		DELETE	51 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		

14. I do 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 logal effect as if made under eath; that I am an officer or director of the corporation or the eceiver 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 what an address

5.4 CITY - \$1 - 7IP

6.3 STREET ADDRESS 6.4 CITY-ST-7IP

6.1 1/11/

6.2 NAME

DELETE