FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:25

DOCUMENT # N93000003056 (9)

1. Corporation Name
C-SCAT, INC.

Principal Place of Business	Mailing Address
327 N. HERNANDO ST. LAKE CITY FL 32055	327 N. HERNANDO ST. LAKE CITY FL 32055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/02/1993
3a. Date of Last Report: 08/08/1994
4. FEI Number: 59-3191711 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 880 E. Baya Avenue	26 880 E. Baya Avenue
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Lake City, Fl	28 Lake City, Fl
24 Zip 32025 25 Country	29 Zip 32025 30 Country

9. Name and Address of Current Registered Agent

PAYNE, M. BLAIR
327 N. HERNANDO ST.
LAKE CITY FL 32055

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	PAYNE, M. BLAIR	12 NAME	
STREET ADDRESS	327 N. HERNANDO ST.	13 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32056-1707	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☒ Change ☐ Addition
NAME	RAMEY, RUSSELL K.	22 NAME	Delete
STREET ADDRESS	201 NORTH MARION STREET, 2ND FLOOR	23 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	PETERS, ROBIN	32 NAME	
STREET ADDRESS	302 SOUTH MARION STREET	33 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SPIVEY, GLORIA	42 NAME	
STREET ADDRESS	523 WEST ST. JOHNS STREET	43 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	PARKER, RICHARD E.	52 NAME	
STREET ADDRESS	880 EAST BAYA AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 617, Florida Statutes; and that my name appears in Block 12 or 13 above, or on an attachment with an address.

SIGNATURE: Richard E. Parker 2/7/95 (904) 755-2700
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone Number
RICHARD E. PARKER

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