

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90050 041 ****70.00

DOCUMENT # N96000001727

1. Corporation Name

SALUTE TO SCOUTING CORP.

Principal Place of Business

11617 INNFIELD DRIVE
ODESSA FL 33556

Mailing Address

11617 INNFIELD DRIVE
ODESSA FL 33556



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

04/01/1996

4. FEI Number

59-3433923

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

9. Name and Address of Current Registered Agent

FUENTES, CARLOS A
11617 INNFIELD DRIVE
ODESSA FL 33556

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 617.0502 and 617.1508, 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 617.0503, 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 BLANTON, HENRY H
STREET ADDRESS 11617 INNFIELD DRIVE
CITY-ST-ZIP ODESSA FL

☐ DELETE

TITLE VPD
NAME FUENTES, CARLOS A
STREET ADDRESS 11617 INNFIELD DRIVE
CITY-ST-ZIP ODESSA FL

☐ DELETE

TITLE D
NAME DURHAM, MARCELLAS
STREET ADDRESS 2601 BLAIR STONE ROAD
CITY-ST-ZIP TALLAHASSEE FL

☐ DELETE

TITLE D
NAME HIGGENBOTHAM, MARTIN E
STREET ADDRESS 1666 WILLIAMSBURG SQUARE
CITY-ST-ZIP LAKE LAND FL

☐ DELETE

TITLE D
NAME HOGAN, ERNEST
STREET ADDRESS 1099 MCMULLEN BOOTH-APT 635
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

D
Durham, Marcellas
2402 Trescott Drive
Tallahassee, FL 32312

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

S
Russell, Carol L.
5230 Rawls Road
Tampa, FL 33624

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 617, 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:

Henry H. Blanton, President

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99(813) 920-6602

Date

Daytime Phone #

CR2E037 (11/98)