

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Sep 16, 1999 8:00 am  
Secretary of State

09-16-1999 90003 012 \*\*\*\*61.25

DOCUMENT # N98000002387 ✓

1. Corporation Name

S.C.A.L.E.S. PROJECT, INC.

Principal Place of Business  
LEON COUNTY COURTHOUSE  
301 S. MONROE ST  
TALLAHASSEE FL 32301

Mailing Address  
LEON COUNTY COURTHOUSE  
301 S. MONROE ST  
TALLAHASSEE FL 32301



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/24/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution <input type="checkbox"/>	
24		29		30	

9. Name and Address of Current Registered Agent

MCRAE, CHRISTOPHER T  
2066 THOMASVILLE ROAD  
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name Russell H. Landry  
82 Street Address (P.O. Box Number is Not Acceptable)  
Leon County Courthouse / S.C.A.L.E.S.  
83 301 S. Monroe St.  
84 City Tallahassee, FL 85 Zip Code 32301

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 Russell H. Landry

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-13-99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MCRAE, CHRISTOPHER T			1.2 NAME	Karen K. Bass		
STREET ADDRESS	2066 THOMASVILLE ROAD			1.3 STREET ADDRESS	805 N. Gadsden St.		
CITY-ST-ZIP	TALLAHASSEE FL 32312			1.4 CITY-ST-ZIP	Tallahassee, FL 32303		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BLANKENSHIP, MIKE			2.2 NAME	Earl Stuckey		
STREET ADDRESS	4123 WOODVILLE HWY			2.3 STREET ADDRESS	Rt 2, Box 47-C		
CITY-ST-ZIP	TALLAHASSEE FL 32311			2.4 CITY-ST-ZIP	Whigham, GA 31797		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LANDRY, RUSSELL H			3.2 NAME			
STREET ADDRESS	301 S. MONROE ST. LEON COUNTY COURTHOUSE			3.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32301			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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:

SIGNATURE REQUIRED

9-13-99 4884265

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (5/99)