2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   P00000053853

1. Entity Name

SCAFFOLD WORLD INC.

Principal Place of Business	Mailing Address
748 OLD HWY. 98 DESTIN FL 32540	981-3 HWY. 98 EAST. SUITE 104 DESTIN FL 32541

2. Principal Place of Business	3. Mailing Address	4. FEI Number	
115 Chestnut Ave.,S.E.	115 Chestnut Ave.,S.E.	62-1822198	Applied For / Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State Ft. Walton Beach,FL	City & State Ft. Walton Beach,FL		DO NOT WRITE IN THIS SPACE
Zip 32548 Country USA	Zip 32548 Country USA	5. Certificate of Status Desired [X]	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HIGHAM, JAMES T 405 RUCKEL DR. NICEVILLE FL 32578	Name James T. Higham Street Address (P.O. Box Number is Not Acceptable) 4751 Papaya Park City Destin FL Zip Code 32541

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____   James T. Higham   07-26-01

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	**FILE NOW!!! FEE IS $550.00** After September 12, 2001 Fee will be $750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME HIGHAM, JAMES T STREET ADDRESS 405 RUCKEL DR. CITY-ST-ZIP NICEVILLE FL 32578	☐ Delete	TITLE P NAME James T. Higham STREET ADDRESS 4751 Papaya Park CITY-ST-ZIP Destin, FL 32541	[X] Change ☐ Addition
TITLE V NAME PENNINGTON, LARRY W JR. STREET ADDRESS 205 CAPRI COVE WEST CITY-ST-ZIP NICEVILLE FL 32578	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S NAME REED, RHONDA C STREET ADDRESS 405 RUCKEL DR. CITY-ST-ZIP NICEVILLE FL 32578	[X] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/01)

13. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ W. Pennington, Jr.   07-26-01   (850)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone # 96-2810