

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 29 PM 7:01**

**DOCUMENT # P22668 (8)**  
1. Corporation Name  
**THE SCRUGGS COMPANY**

Principal Place of Business Mailing Address  
P. O. BOX 2065 VALDOSTA GA 31604 P. O. BOX 2065 VALDOSTA GA 31604

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		01/23/1989	04/18/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		58-0952077	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**FRIEDMAN, MARTIN S.**  
**2548 BLAIRSTONE PINES DRIVE**  
**TALLAHASSEE FL 32301**

B1	Name	
B2	Street Address (P.O. Box Number is Not Acceptable)	
B3		
B4	City	FL
B5	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when changing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCRUGGS, FERRELL	1.2 NAME	
STREET ADDRESS	OLD HWY 41 NO.	1.3 STREET ADDRESS	
CITY ST ZIP	VALDOSTA GA	1.4 CITY ST ZIP	
TITLE	VS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISENBAKER, LARRY	2.2 NAME	
STREET ADDRESS	OLD HWY 41 NO.	2.3 STREET ADDRESS	
CITY ST ZIP	VALDOSTA GA	2.4 CITY ST ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCARBOROUGH, RICHARD	3.2 NAME	
STREET ADDRESS	OLD HWY 41 NO.	3.3 STREET ADDRESS	
CITY ST ZIP	VALDOSTA GA	3.4 CITY ST ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMMERS, BRIAN	4.2 NAME	
STREET ADDRESS	OLD HWY 41 NO.	4.3 STREET ADDRESS	
CITY ST ZIP	VALDOSTA GA	4.4 CITY ST ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWNING, SUSAN G.	5.2 NAME	
STREET ADDRESS	OLD HWY 41 NO.	5.3 STREET ADDRESS	
CITY ST ZIP	VALDOSTA GA	5.4 CITY ST ZIP	
TITLE		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 do hereby certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(k), 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 person or persons authorized 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 on an attachment with amendments.

SIGNATURE: \_\_\_\_\_ DATE: 3/29/95 DISTRICT: 242-2188