

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P22668** (8)

1. Corporation Name
THE SCRUGGS COMPANY



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

3. Date Incorporated or Qualified: **01/23/1989**
3a. Date of Last Report: **03/29/1995**
4. FEI Number: **58-0952077**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: **FRIEDMAN, MARTIN S. 2548 BLAIRSTONE PINES DRIVE TALLAHASSEE FL 32301**
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 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: _____ (Signature, typed or printed name of registered agent or trustee, if applicable) (Date Registered Agent Signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Chairman <input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCARBOROUGH, RICHARD	3.2 NAME	700001830257
STREET ADDRESS	OLD HWY 41 NO.	3.3 STREET ADDRESS	-05/20/96 --01068--015
CITY-ST-ZIP	VALDOSTA GA	3.4 CITY-ST-ZIP	***225.00
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMMERS, BRIAN	4.2 NAME	700001830257
STREET ADDRESS	OLD HWY 41 NO.	4.3 STREET ADDRESS	-05/20/96 --01068--015
CITY-ST-ZIP	VALDOSTA GA	4.4 CITY-ST-ZIP	***200.00
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 checked="" type="checkbox"/> Addition
NAME		6.2 NAME	President
STREET ADDRESS		6.3 STREET ADDRESS	Scruggs, Ferrell Jr.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Old Hwy 41 No. Valdosta, GA

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)(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 receiver or trustee empowered 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 an address

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: **03/27/96** DATE
CAPTION: _____ CAPTION PLEASE PRINT

CR2E034 (12/95)