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 #

1. Corporation Name

P34290

(7)

S.C.S.	CONTRACTORS, INC.				H
Principal Place of Business		Mailing Address			
216 POWERS FERRY RD SE MARIETTA GA 30075		216 POWERS FERRY RD SE MARIETTA GA 30075			
				3. Date Incorporated or Qualified 06/13/1991	3a. Date of Last Report 02/10/1995
2. Prinopal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		58-1896031	Not Applicable
Suite Apt #.	etc.	Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Oity & State		City & State	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	\$5.00 May Be
23∫	· · · · · · · · · · · · · · · · · · ·	28		Trust Fund Contribution	Added to Fees
Zη. 24]	Country 25	7 ₀	Country 30	8. This corporation has liability for Florida Statutes ☐ Yes	intangible tax under s. 199.032, :- □ No
1	9. Name and Address of Cur		1901	10. Name and Address of New F	
			81 Name		
	ON, STEPHEN		82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)
	Y VILLAS AVE FL 33611		83		
			84 City		7.0.4
				ration submits this statement for the pu	FL 85 Zip Code
S'GNATURE _	graturo i typiech or printed name of registered a	ection 607,0505, Florida Statutes.	E: Registered Agent signature require	od when reinstating) ADDITIONS/CHANGES TO OFF	DATE
Inter T	P	DELETE	1 1 TITLE	ADDITIONS/CHANGES TO OFF	Change Addition
NAME	SWETMON, STEPHEN C.		1.2 NAME		
STHEE! ADDRESS	3472 GREYSTONE COUR	T .	1.3 STREET ADDRESS		
GIEM ST. ZIP	MARIETTA GA		1.4 CiTY - ST - ZIP		
TITLE	\$	☐ DELETE	2 1 TITLE		Change Addition
NAME	ARDRON, DEBORAH M.		2.2 NAME		
STREET ADDRESS	80 YVETTE COURT		2 3 STREET ADDRESS		
OCY (ST) ZIP TITLE	KENNESAW GA	☐ DELETE	2.4 CiTY - ST - ZiP		☐ Change ☐ Addition
NAME.		Dotter	3 1 TITLE 32 NAME		Change Addition
STHEET ADDRESS			3.3 STREET ADDRESS		
CHY ST ZIP			3 4 CITY - S1 - ZIP		
TITLE		DELETE	4. 1 TiTLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY ST ZIF			4 4 CITY - ST - ZIP		
MI.F		☐ DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CHY-ST ZIP			5.4 CITY-ST-ZIP		
101.6		☐ DELETE	6 1 THTLE		☐ Change ☐ Addition
NAMÉ			6.2 NAME		· _
STREET ADDRESS			6.3 STREET ADDRESS		
C)* V - S* - Z)**		7 (/	6.4 City-St-ZiP		
certify that t eath; that I	he information indicated on this a am an officer or director of the co	nnua: record or suzolomental annu	ual report is true and accura e empowered to execute th	for the exemption stated in Section 119 ate and that my signature shall have the is report as required by Chapter 607, Fi	same legal effect as if made under

SIGNATURE: (

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

January 29, 1996

770-565-7065