FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Jan 27 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # S.C.S. CONTRACTORS, INC. Principal Place of Business Mailing Address 218-POWERS FERRY-RD-SE **816 POWERS FERRY-RD-SE** MARIETTA GA-98075> MARIETTA GA 30075 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/13/1991 Principal Place of Business 2a. Mailing Address Applied For same 58-1896031 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SWETMON, STEPHEN **4831 BAY VILLAS AVE** 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33811** 83 Zip Code 84 City 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 and title if applicable (NOTE: Registered Agent signature required when reinstating) (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE NAME SWETMON, STEPHEN C. 1.2 NAME CR2E034 5215 Timber Ridge Roal Marietta, GA 30067 STREET ADDRESS 8472 GREYSTONE COURT 1.3 STREET ADDRESS MARIETTA GA CITY-ST-ZIP 1.4 CITY - ST - 7/P DELETE ☐ Addition TITLE 2.1 TITLE ARDRON, DEBORAH M. 2.2 NAM8 NAME **80 YVETTE COURT** 2.3 STREET ADDRESS STREET ADDRESS KENNESAW GA CITY-ST-ZIP 2.4 CITY-ST-ZIP Change DELETE Addition 3.1 TITUE TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP TITLE DELFTE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 find 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 occiver 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 any attachment with an address.

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