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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000008300 (5)

SCOTT CHURCHILL AND ASSOCIATES, INC.

Principal Place of Business

11861 SWIFT WATER CR.

Mailing Address

FILED May 01 1998 8:00am Secretary of State



P O BOX 1838 ORLANDO FL 32817 GOLDENROD FL 32733 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/30/1992 2. Principal Place of Business Applied For **310** SENECA 940062 59-3158094 Not Applicable Suite, Apt. #, etc. Suito, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be MITCAN Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible کی Yes 30 No. Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHURCHILL, SCOTT R 11661 SWIFT WATER CR. Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32817 83 City 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 family r with, and accept the obligations of Section 607.0505, Florida Statutes. CHURCHILL SIGNATURE OFFICERS AND DIRECTORS 12. 12E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change 1.1 TITLE Addition CHURCHILL, SCOTT R CHUNCHILL SCOTT R. NAME 1.2 NAME 25- SEVECH THIL 11661 SWIFT WATER CR. STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL MITCANO, FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIF 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE Change 4.1 TITLE ■ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE TITLE 5.1 THEF Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CiTY - ST - 7/P DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

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 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.