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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9200008300

1. Corporation Name

SCOTT CHURCHILL AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address		
250 SENECA TRAIL MAITLAND FL 32751	P. O. BOX 940062 MAITLAND FL 32794		
iie	He		

## Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90060 009 \*\*\*150.00



<u>.</u>	_						
Principal Place of Business		Mailing Address				30 12.00	
250 SENECA TRAIL P. O. 80X 940062 MAITLAND FL 32751 MAITLAND FL 32794 US US					DO NOT WRITE	IN THIS SPACE	
US		UŞ			3. Date Incorporated or Qualifed		
					11/30/1992		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	T A	applied For
21 1630 CHEVENNE	TRAIL	26		•	59-3158094	l N	lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75	Additional
22	۷ سف بدرجید	27	ess		5. Certificate of Status Desired	-lFee R	Required
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23 MAITKAND.	FC	28			Trust Fund Contribution		to Fees
Zip	intry	Zip	Cour	itry	8. This corporation owes the current	year Intangible	
24 3275 25	US	29	30		Personal Property Tax.	Yes	No
	Idress of Current I	Registered Agent			10. Name and Address of New Reg	istered Agent	
				81 Name	SCOTT R. CHURC	~411	
CHURCHILL, SCOTT F			}	82 Street Ad	dress (P.O. Box Number is Not Acceptable	<u> </u>	
11661 SWIFT WATER	CR.				30 CHEYENNE	TRAIL	
ORLANDO FL 32817			Ţ	83		• •	
			-	84 City		85 <u>Z</u> ip	Code
İ			ľ		LATILAND	FL No 35	17,51
11. Pursuant to the provisions of	Sections 607.0502	and 607.1508, Florida Stati	utes, the ab	ove named co	rogation submits this statement for the nur	pose of changing it	s registered
office or registered agent, or bagent. I am familiar with, and	anth in the State at	Florida Such change was	コルプロハイガンス	ny the comora	tion's board of directors. I hereby accept the	e appointment as r	egistered
////		(2017)				4-19-99	1
SIGNATURE Signature, typed or printed	name of registered agent a	and title if applicable. (NO	TE: Registered /	Igent signature requi	ired when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE D		☐ DELETE	1.1711	E		Change	Addition
NAME CHURCHILL, SC	OTT R		1.2 NA	AE		- •	
STREET ADDRESS 250 SENECA TR	AlL		1.3 STF	REET ADDRESS	1630 CHEYENNE	lenc _	_ 4
CITY-ST-ZIP MAITLAND FL 32	2751		. 1.4 CIT	Y-ST-ZIP	MATTLAND F	<u> </u>	7
TITLE		☐ DELETE	2.1 T) []	.E		☐ Change	Addition
NAME			2.2 NA/	Æ .			
STREET ADDRESS			2.3 ST	REET ADDRESS			
*CITY-ST-ZIP	پنيه تحضيها سيونيد در درج	پېزان د چېرسالواسي مستسلسد او المان	2:4 CI	Y-ST-ZIP	الله المنظمينيين المنظمين المنظم المنظمين المنظمين المنظمين المنظمين المنظمين المنظمين المنظمين المنظمين المنظم	ದ್ಯಾಸಿದ ಕರ್ಕಾರ್ಡ್	
TITLE		☐ DELETE	3.1 1111	£		☐ Change	Addition
NAME			3.2 NAJ	#E			
STREET ADDRESS			3.3 STF	REET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		☐ DELETE	4.1 TITI			☐ Change	Addition
NAME			4. 2 NA	ME			
4-05				REET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		☐ DELETE	5.1 TIT			☐ Change	Addition
NAME			5.2 NAI				
STREET ADDRESS		•		REET ADDRESS (			
				Y-ST-ZIP			
CITY-ST-ZIP TITLE		C] DELETE	6.1 7171			Change	Addition
		المام موادرات	6.2 NAJ			<u> </u>	
NAME				REET ADORESS			
STREET ADDRESS							
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP			

14. 1 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 changely, or on an attachment with an address, with all other like empowered.

SIGNATURE: