

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000027539 (4)

1. Corporation Name

SCAFFOLDING SYSTEMS, INC.

Principal Place of Business

3310 HANSON STREET
UNIT B
FT. MYERS FL 33916
US

Mailing Address

3310 HANSON STREET
UNIT B
FT. MYERS FL 33916
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/14/1993

3a. Date of Last Report

03/08/1994

4. FEI Number

65-0402209

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOFF, BARRY L
215 N EOLA DR
ORLANDO FL 32801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 and title if applicable.)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	FIORILLO, WILLIAM F	3933 SE 18TH PL	CAPE CORAL FL 33990

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
	William S. Fiorillo			☒	☐
2.1 TITLE				☐	☐
2.2 NAME				☐	☐
2.3 STREET ADDRESS				☐	☐
2.4 CITY - ST - ZIP				☐	☐
3.1 TITLE				☐	☐
3.2 NAME				☐	☐
3.3 STREET ADDRESS				☐	☐
3.4 CITY - ST - ZIP				☐	☐
4.1 TITLE				☐	☐
4.2 NAME				☐	☐
4.3 STREET ADDRESS				☐	☐
4.4 CITY - ST - ZIP				☐	☐
5.1 TITLE				☐	☐
5.2 NAME				☐	☐
5.3 STREET ADDRESS				☐	☐
5.4 CITY - ST - ZIP				☐	☐
6.1 TITLE				☐	☐
6.2 NAME				☐	☐
6.3 STREET ADDRESS				☐	☐
6.4 CITY - ST - ZIP				☐	☐

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 110.07(3)(d), 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 amendment with an addendum.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

William S. Fiorillo

2-24-95

813/334-1987