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FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P93000042797 (9)**

1. Corporation Name
SCRIM JIM, INC.



Principal Place of Business

**2991 BENT PINE DR
FT PIERCE FL 34951
US**

Mailing Address

**528 NW 7 AVE
MIAMI FL 33136**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1993

2. Principal Place of Business

21 149 Washington St

Suite, Apt. #, etc.

22

City & State

23 St. Augustine, FL

24 32084

Country

25 St. Johns

2a. Mailing Address

26 149 Washington St.

Suite, Apt. #, etc.

27

City & State

28 St. Augustine, FL

29 32084

Country

30 St. Johns

4. FEI Number

65-0435246

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**NASH, PHILIP J.
2991 BENT PINE DR
FT PIERCE FL 34957**

10. Name and Address of New Registered Agent

81 Name Philip J. Nash

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

149 Washington St.

83

84 City St. Augustine

FL

85 Zip Code 32084

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)

DATE

1-10-98

12. OFFICERS AND DIRECTORS

☐ DELETE

**TITLE PT
NAME NASH, PHILIP J.
STREET ADDRESS 2991 BENT PINE DR
CITY-ST-ZIP FT PIERCE FL**

☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ DELETE

**TITLE
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CITY-ST-ZIP**

☐ DELETE

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STREET ADDRESS
CITY-ST-ZIP**

☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE

1-10-98 904-823-1200

CR2E034 (10/97)