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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000048404 (6)

BW & GM SCOTT, INC.

NAME STREET ADDRESS

Principal Place of Business Mailing Address								1 18911001 119 18138 1111 49	III 30 411 89 141	ABITT BERRI 1	8414 6 1814 84 114	111111111	
15170 BAIN ROAD FORT MYERS FL 33908				15170 BAIN RD FT. MYERS FL 33908-1829									
U\$							3. Date Incorporated or 07/02/1993	Qualified		ite of Last R	eporl		
2. Principal Place of Business 2a. Mailing Address								4. FEI Number		1	• • • • • • • • • • • • • • • • • • • •	plied For	
21	Same	26	26 Game				65-0420994		Not Applicable				
Suite, Ap	t. #, etc.	Suit	Suite, Apt #, etc.							\$8.75			
22		27					5. Certificate of Status D	esired	LJ	Fee Re	quired		
City & Ste	ate		City & State				6. Election Campaign Fi	nancing		\$5.00	May Be		
23			28	28					Trust Fund Contribution Added to Fees				
Zip	Zip Country			Zip Cloun				8. This corporation has liability for int			tangible tax under s. 199.032,		
24	25			29 30			Florida Statutes Yes X No						
	9. Name ar	nd Address of Cu	rrent Registered	Agent				10. Name and Address	f New Re	gistered /	Agent		
SCOTT, BARRY W						81	Name						
151	70 BAIN RD.					Street	Address (P.O. Box Number is Not Acceptable)						
	MYERS FL 33			82	CAI COL 7	10. 20. 70. 10. 10.	riocopiai	,,,,					
* -						83							
						84	City				Jan 1 7 1 1	0.4	
						64	City			FL	85 Zip (Code	
11. Pursuan	t to the provision	s of Sections 607	.0502 and 607.15	08, Florida Statu	ites, the a	bovi	o-named	corporation submits this stateme	nt for the p	urpose of	changing it	s registered	
office or	registered agen am familiar with:	nt, or both, in the S ℳd accept the o	tale of Florida! Si bligations of See	uch change was alon 607 0505. F	authorizo Iorida Sta	d by lutes	r the corp s.	corporation submits this stateme oration's board of directors. I her	eby accep	ot the app	ointment as	registered	
SIGNATURE	(رست	22/20/	21 1	7//									
SIGNATURE	Signature, tropic	printed harrie of egistere	d agent aut title if app'i	cable (NC	The Registere	d Ago	int signature	required when reinstating)		DATE			
12.		FICERS	AND DIRECTOR	S	13.			ADDITIONS/CHANGES	TO OFFIC	CERS AND	DIRECTOR	RS IN 12	
TITLE	D			☐ DELETE	1,1 T	1LE					Change	Addition	
NAME				1.2 NA									
STREET ADDRESS 15170 BAIN RD				1.5 STREE			ADDRESS						
CITY-ST-ZIP FT. MYERS FL 33908				1./ C			7 - 7/P						
TITLE	D			DELETE	2 1	1 LE					Change	Addition	
NAME	SCOTT, GIN	IA M		22 M									
STREET ADDRESS 15170 BAIN RD				2 £ S'			ADDRESS						
CITY-ST-ZIP	FT. MYERS	FL 33908			2.40	(1 Y - S	51- ZIP						
TITLE				DELETE	3.1 7	TLE					Change	Addition	
NAME					3.2 N	AME							
STREET ADDRESS	s 				3.3 S	TREE T	ADDRESS						
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CITY-ST-ZIP							1 - 2(P						
TITLE				DELETE	5.1 7						Change	Addition	
NAME				_	5.2 N		}				,	İ	
STREET ADDRESS	:]						ADDRESS						
CITY-ST-ZIP													
UNIT OF LIF					670	ITY - C	1.710						
TITLE	- 			DELETE	5.4 C		1 - ZIP				Change	Addition	

14. I do hereby certify that the information supplied with this filling 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 logal 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.

SIGNIATURE.