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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000068755 (6)

1. Corporation Name
ARSCOTT, INC.



Principal Place of Business
2231-34TH ST
SOUTH
ST. PETERSBURG FL 33705
US

Mailing Address
812 51ST AVE
SOUTH
ST. PETERSBURG FL 33712
US

3. Date Incorporated or Qualified
10/04/1993

3a. Date of Last Report
01/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARSCOTT, LUCILLE
812 51ST AVE.
SOUTH
ST. PETERSBURG FL 33712

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 607.0902 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 of the person who is authorized to sign this report on behalf of the corporation.

Signature of the person who is authorized to sign this report on behalf of the corporation.

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

☐ DELETE

NAME

ARSCOTT, ZACHARIAH

STREET ADDRESS

812 51ST AVE SOUTH

CITY-STATE-ZIP

ST PETE FL

TITLE

D

☐ DELETE

NAME

ARSCOTT, LUCILLE

STREET ADDRESS

812 51ST AVE SOUTH

CITY-STATE-ZIP

ST PETE FL

TITLE

D

☒ DELETE

NAME

ARSCOTT, LORENZO

STREET ADDRESS

57250 17TH WAY SOUTH

CITY-STATE-ZIP

ST PETE FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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***200.00

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 119.07(3)(a), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Digitally signed by

CR2E034 (12/95)