

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000069225 (9)

1. Corporation Name

SCRUB KING ENTERPRISES, INC.



Principal Place of Business

6432 MASSACHUSETTS AVE
NEW PORT RICHEY FL 34653

Mailing Address

6432 MASSACHUSETTS AVE
NEW PORT RICHEY FL 34653

3. Date Incorporated or Qualified

09/30/1993

3a. Date of Last Report

04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3206950

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CIRONE, FRANK
4843 U S HWY 19
NEW PORT RICHEY FL 34655

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 the if applicable (Typed Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1. TITLE ☐ Change ☐ Addition

NAME KOLAR, PATRICIA R
STREET ADDRESS 6432 MASSACHUSETTS AVE
CITY-ST-ZIP NEW PORT RICHEY FL 34653

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

PRESIDENT

TITLE ☐ DELETE
NAME KOLAR, DAVID A
STREET ADDRESS 6432 MASSACHUSETTS AVE
CITY-ST-ZIP NEW PORT RICHEY FL 34653

2. TITLE
27 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

VICE PRESIDENT

TITLE ☐ DELETE
NAME TUMBERLIN, LISA
STREET ADDRESS 4506 GRAY FOX LANE
CITY-ST-ZIP PORT RICHEY FL

3. TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

LISA TUMBERLIN ☒ Change ☐ Addition
9506 GRAY FOX LANE JEC/
PORT RICHEY, FL 34668 TREAT

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4. TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5. TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6. TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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

PATRICIA R. KOLAR (PRES.)

1-20-96

(813) 244-3578

Date

Daytime Phone #

CR2E034 (12/95)