

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

FILED

Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 34653-2532

3. Date Incorporated or Qualified

09/30/1993

3a. Date of Last Report

04/17/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number

59-3206950

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name FRANK CIRONE  
82 Street Address (R.O. Box Number is Not Acceptable)  
4843 U S HWY 19  
83  
84 City NEWPORT RICHEY FL 85 Zip Code 34655

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

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KOLAR, PATRICIA R	
STREET ADDRESS	6432 MASSACHUSETTS AVE	
CITY - ST - ZIP	NEW PORT RICHEY FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KOLAR, DAVID A	
STREET ADDRESS	6432 MASSACHUSETTS AVE	
CITY - ST - ZIP	NEW PORT RICHEY FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	TUMBERLIN, LISA	
STREET ADDRESS	9506 GRAY FOX LANE	
CITY - ST - ZIP	PORT RICHEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	LISA TUMBERLIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	6432 MASSACHUSETTS AVE.
3.4 CITY - ST - ZIP	NEW PORT RICHEY FL 34653
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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:

PATRICIA R. KOLAR  
PATRICIA R. KOLAR (DIR.)

1-23-97

844-3878

Date

Daytime Phone #

CR2E034 (9/96)