FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000070489 (8)

1. Corporation Name
SCOTT BROTHERS CONSTRUCTION, INC.

600001485326
-05/12/95--01023--007
****233.75 ****233.75
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4632 GOLDEN APPLES TRAIL PORT ORANGE FL 32119	4632 GOLDEN APPLES TRAIL PORT ORANGE FL 32119

3. Date Incorporated or Qualified: 10/11/1993
3a. Date of Last Report: 08/11/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip / 24 — County / 25

2a. Mailing Address
26 P. O. Box 11766
Suite, Apt. #, etc.
27
City & State
28 Daytona Beach, FL
Zip 29 32120 — County 30 USA

4. FEI Number: 59-3214702 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX — $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 § 199.032, Florida Statutes ☐ Yes XX No

9. Name and Address of Current Registered Agent

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVENUE
DAYTONA BEACH FL 32115-2491

10. Name and Address of New Registered Agent

81 Name: Mark A. Scott
82 Street Address (P.O. Box Number is Not Acceptable): 4632 Golden Apples Trail
83
84 City: Port Orange FL 85 Zip Code: 32119

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: Mark A. Scott — Mark A. Scott, President — 5/1/95
Signature of new registered agent and title, if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	Director, Chairman	☐ Change XX Addition
NAME	SCOTT, MARK ALLEN	12 NAME		
STREET ADDRESS	4632 GOLDEN APPLES TRAIL	13 STREET ADDRESS		
CITY ST ZIP	PORT ORANGE FL	14 CITY ST ZIP	32119	
TITLE	V	21 TITLE	Director	☐ Change XX Addition
NAME	SCOTT, BRIAN WALDO	22 NAME		
STREET ADDRESS	6200 SHORELINE DR.	23 STREET ADDRESS		
CITY ST ZIP	PORT ORANGE FL	24 CITY ST ZIP	32127	
TITLE		31 TITLE	Secretary/Treasurer, Director	☐ Change XX Addition
NAME		32 NAME	Ronald A. Scott	
STREET ADDRESS		33 STREET ADDRESS	6200 Shoreline Drive	
CITY ST ZIP		34 CITY ST ZIP	Port Orange, FL 32127	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		CH

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)(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: Mark A. Scott — Mark A. Scott, Pres. — 5/1/95 — 904-238-1234
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0403223 FP