

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 # P93000073903 (5)

1. Corporation Name

SCOT ROSS, INC.



Principal Place of Business

5538-A NW 43RD STREET  
GAINESVILLE FL 3206  
US

Mailing Address

ROUTE 4, BOX 103  
HAWTHORNE FL 32640  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 5538-A NW 43 St.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30 32653 US

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
10/12/1993

3a. Date of Last Report  
05/10/1995

4. FEI Number  
59-3208511

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

ROSS, SCOT  
ROUTE 4, BOX 103  
HAWTHORNE FL 32640

10. Name and Address of New Registered Agent

81 Name Ross, Scot  
82 Street Address (P.O. Box Number is Not Acceptable)  
2604 NW 162 St.  
83  
84 City Newberry FL 85 Zip Code 32669

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 block applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	ADKINS, RUSTY	
STREET ADDRESS	RT. 2, BOX 639	
CITY-STATE-ZIP	NEWBERRY FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HAGUE, JOE	
STREET ADDRESS	RT 1 BOX 385	
CITY-STATE-ZIP	ALACHUA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ROSS, SCOT	
STREET ADDRESS	RT 4 BOX 103	
CITY-STATE-ZIP	HAWTHORNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Sec/Tres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dawn Ross	
1.3 STREET ADDRESS	2604 NW 162 St.	
1.4 CITY-STATE-ZIP	Newberry, FL 32669	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

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:

Dawn Ross

Dawn Ross

1-25-96

472-2373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)