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Apr 10 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 # P93000073903 (5)

1. Corporation Name
SCOT ROSS, INC.

Principal Place of Business

5538-A NW 43RD STREET
GAINESVILLE FL 3206
US

Mailing Address

5538-A NW 43 ST
GAINESVILLE FL 32653-8392
US

2. Principal Place of Business

21 5538-A NW 43 ST

Suite, Apt. #, etc.

22 Gville, FL

City & State

23 32653

Zip

24 USA

Country

2a. Mailing Address

26 5538-A NW 43 ST

Suite, Apt. #, etc.

27 Gville, FL

City & State

28 32653

Zip

29 USA

Country

9. Name and Address of Current Registered Agent

ROSS, SCOT
2804 NW 182 ST
NEWBERRY FL 32669

3. Date Incorporated or Qualified

10/12/1993

3a. Date of Last Report

01/30/1996

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

10. Name and Address of New Registered Agent

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

Scot Ross

(NOTE: Registered Agent signature required when reinstating)

FL

85 Zip Code

12. OFFICERS AND DIRECTORS

TITLE V ☒ DELETE

NAME ADKINS, RUSTY
STREET ADDRESS RT. 2, BOX 639
CITY-ST-ZIP NEWBERRY FL

TITLE P ☐ DELETE

NAME ROSS, SCOT
STREET ADDRESS RT 4 BOX 103
CITY-ST-ZIP HAWTHORNE FL

TITLE ST ☐ DELETE

NAME ROSS, DAWN
STREET ADDRESS 2804 NW 182 ST
CITY-ST-ZIP NEWBERRY FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, changed, or on an attachment with an address.

SIGNATURE:

Scot Ross

4-3-97

Date

352-377-1294

Daytime Phone #

0089900

CR2E034 (9/96)