

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
NOT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000009295 (4)
1. Corporation Name

SCOOTER DEPOT OF LARGO, INC.



Principal Place of Business		Mailing Address	
7500 ULMERTON RD. UNIT 23 LARGO FL 34641 US		7500 ULMERTON RD. UNIT 23 LARGO FL 34641 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. SAME	26. SAME	02/04/1994	05/30/1995
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number	Applied For
23. City & State	28. City & State	59-3222124	Not Applicable
24. Zip	29. Zip	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Country	30. Country	☐	☐
		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	

RANEY, HOWARD
7500 ULMERTON RD
UNIT 23
LARGO FL 34641

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 for public filing. If this statement is filed and not applicable, provide Registered Agent signature and date when re-filing (if applicable).

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
		☐ Change ☐ Addition	
TITLE	DPST	1.1 TITLE	
NAME	RANEY, HOWARD	1.2 NAME	
STREET ADDRESS	7500 ULMERTON RD., UNIT 23	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Howard Raney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-5-96

813-5380644

CR2E034 (3/96)