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PROFIT CORPORATION ANNUAL REPORT

1997



appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

FILED

Mar 03 1997 8:00am

Secretary of State

904-638-4765

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000024208 (8)

SCOUT CONSTRUCTION, INC.

Principal Place of Business Mailing Address P.O. BOX 757 761 HWY 277 CHIPLEY FL 32428-0757 CHIPLEY FL 32428 3a. Date of Last Report 3. Date Incorporated or Qualified 03/30/1994 01/31/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3239899 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HAMM, LEWIS F 2493 FELIX ST 82 Street Address (P.O. Box Number is Not Acceptable) ALFORD FL 32420 83 84 City Zip Code 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 chango was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam farmear with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Sign if we type the printed name of registers of alternated bills it applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12 13. Addition Change TIFLE PTD DELETE 1.1 TITLE HAMM, LEWIS F 1.2 NAME CR2E034 NAMS 2493 FELIX ST 1.3 STREET ADDRESS STREET ADDRESS ALFORD FL 1.4 CITY-ST-ZIP C11Y - S1 - 7IF DELETE 21 TITLE Change Addition THE NAVE HAMM, KATHY C 2.2 NAME 2493 FEUX ST 2.3 STREET ADDRESS STREET ADDRESS ALFORD FL City - \$1 - ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE Tille NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - \$1 - 7(2) 3 4. CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TITLE THEF 4 2 NAME NAME 43 STREET ADDRESS STHEET ADDRESS 44 CITY-ST-ZIP CHY-SI-ZP DELETE Change Addition 5 1 TITLE THE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CHY-51 20: DELETE Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS CITY-ST ZIP 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 eath, 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