PROFIT CORPORATION ANNUAL REPORT 4000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

	-				
DOCUMENT # 1. Corporation Name	P94000024208 0₭-				

SCOUT CONSTRUCTION, INC.

Principal Place of Business P O BOX 786

Mailing Address

P O BOX 786

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90235 025 ***150.00

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CHIPLE	Y, FL 32428	CHIPLEY, FL 3			DO NOT WRI	TE IN THIS	SPACE	
					3. Date Incorporated or Qualifed			
					03-02-94			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<u></u>		pplied For
21	•	26			59-3239899		N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		•	Additional equired
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution	- 🗆 -		to Fees
Zip —	Country	Zip	Country		8. This corporation owes the curre	ent year into		است تفقد الا
24	25	29 3	_		Personal Property Tax.	J. 1, J. J. 1114	Yes	□No
	9. Name and Address of Current		<u> </u>		10, Name and Address of New R	edistered	Agent	
	J. Halls Bild Address of Carrent	trofficering inferior	81	Name				
TEWTS	F. HAMM							
	Felix Street		82	Street Add	Iress (P.O. Box Number is Not Accepta	bie)		
			60					
HIfor	dr-FL 32420		83					
			84	City		FL	85 Zip	Code
41 Dureuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the above	-named com	poration submits this statement for the	curpose of	changing its	registered
office or n	eaistered agent, or both, in the State of	Florida. Such change was aut	horized by	the corporatio	on's board of directors. I hereby accep	t the appoir	ntment as re	gistered
`` agent. I ar	n familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statutes.	•				1
SIGNATURE .		"den d v 5	- 4 4	-1	-4	DATE		
	Signature, typed or printed name of registered agent a			signature require	MANDITIONS/CHANGES TO OFF	DATE	D DIRECTO	RS IN 12
12.	Signature, typed or printed raises of registered agers a OFFICERS AND	DIRECTORS	13.	i algrature require	ad when reinstating) ADDITIONS/CHANGES TO OFF			
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12.	OFFICERS AND	DIRECTORS	13. 1.1 TITLE 12 NAME					
12. TITLE	OFFICERS AND PO LEWIS F. HAMM	DIRECTORS	13. 1.1 TITLE					
12. TITLE NAME STREET ADDRESS	OFFICERS AND PO	DIRECTORS	13. 1.1 TITLE 12 NAME	ADORESS			☐ Change	Addition
<u> </u>	PO LEWIS F. HAMM P O BOX 786	DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREET	ADORESS				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PO LEWIS F. HAMM P O BOX 786 GHIPLEY FL 32428 S	DIRECTORS DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-ST	ADORESS			☐ Change	Addition
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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, with all other like empowered.