

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000024694 (9)

1. Corporation Name
SCOTT & WILLIAMS, P.A.

Principal Place of Business

1900 MAIN ST
SUITE 205
SARASOTA FL 34236

Mailing Address

1900 MAIN ST
SUITE 205
SARASOTA FL 34236-5927



3. Date Incorporated or Qualified

03/28/1994

3a. Date of Last Report

01/30/1996

4. FEI Number

65-0484211

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

24

25

2a. Mailing Address

26

1900 Main Street

Suite, Apt. #, etc.

27

Suite 212

City & State

28

Sarasota, Florida

Zip

29

34236

Country

30

9. Name and Address of Current Registered Agent

SCOTT, CHARLIE ANN
1900 MAIN ST
SUITE 205
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81

Name

Scott, Charlie Ann

82

Street Address (P.O. Box Number is Not Acceptable)

1900 Main Street, Suite 212

83

84

City

Sarasota

FL

85

Zip Code

34236

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SCOTT, CHARLIE A	
STREET ADDRESS	1900 MAIN ST., STE. 205	
CITY - ST - ZIP	SARASOTA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WILLIAMS, CHARLES E	
STREET ADDRESS	1900 MAIN STREET, STE. 205	
CITY - ST - ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Scott, Charlie Ann	
1.3 STREET ADDRESS	1900 Main Street, Suite 212	
1.4 CITY - ST - ZIP	Sarasota, Florida 34236	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Williams, Charles	
2.3 STREET ADDRESS	1900 Main Street, Suite 212	
2.4 CITY - ST - ZIP	Sarasota, Florida 34236	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)