FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000043960 (1)**

1. Corporation Name

SCALLYWAGS OF MARCO, INC.

Principal Place of Business	Mailing Address
PO BOX 2056 MARCO ISLAND FL 33969	PO BOX 2056 MARCO ISLAND FL 33969

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/13/1994

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 ~~651~~ 651 S COLLIER BLVD	26 651 S COLLIER BLVD
Suite, Apt. #, etc. 22 SUITE 1D	Suite, Apt. #, etc. 27 SUITE 1D
City & State 23 MARCO ISLAND, FL	City & State 28 MARCO ISLAND, FL
Zip / Country 24 33937 / 25 USA	Zip / Country 29 33937 / 30 USA

4. FEI Number: 65-0509936 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MORRIS, WILLIAM G ESQ 247 COLLIER BLVD SUITE 202 MARCO ISLAND FL 33937	01 Name: FRASER HUMPHREYS 02 Street Address (P.O. Box Number Is Not Acceptable): 651 S COLLIER BLVD 03: MARCO ISLAND FL 04 City: FL 05 Zip Code: 33937

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: F.W. Humphreys — 4-21-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☑ Change ☐ Addition
NAME	HUMPHREYS, FRASER	12 NAME		
STREET ADDRESS	PO BOX 2056 N/A	13 STREET ADDRESS	651 S COLLIER BLVD	
CITY-ST-ZIP	MARCO ISLAND FL 33969	14 CITY-ST-ZIP	MARCO ISLAND FL 33937	
TITLE	D	21 TITLE		☑ Change ☐ Addition
NAME	HUMPHREYS, SUE	22 NAME		
STREET ADDRESS	PO BOX 2056 N/A	23 STREET ADDRESS	651 SCOLLIER BLVD	
CITY-ST-ZIP	MARCO ISLAND FL 33969	24 CITY-ST-ZIP	MARCO ISLAND FL 33937	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: S. Humphreys — 4/21/95 — 813 642 7140
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0035827 CP