

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000063978 (8)

1. Corporation Name

SCOTT'S PROPERTY CARE, INC.



Principal Place of Business

4760 WATKINS AVE
SARASOTA FL 34233

Mailing Address

4760 WATKINS AVE
SARASOTA FL 34233

2. Principal Place of Business

2a. Mailing Address

21 3311 Kingswood Dr 26 3311 Kingswood Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Sarasota, FL

28 Sarasota, FL

24 Zip

Country

29 Zip

Country

24 34232

25 Sarasota

29 34232

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
09/01/1994

3a. Date of Last Report
08/07/1995

4. FEI Number
65-0518867

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

SEARS, SCOTT
4760 WATKINS AVE
SARASOTA FL 34233

10. Name and Address of New Registered Agent

81 Name SEARS, SCOTT

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

83 3311 Kingswood Dr.

84 City

Sarasota

FL

85 Zip Code

34232

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 of registered agent or person authorized to register agent and fee if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

5/29/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME SEARS, SCOTT
STREET ADDRESS 4760 WATKINS AVE
CITY-ST-ZIP SARASOTA FL

TITLE VP
NAME SEARS, MICHELLE
STREET ADDRESS 4760 WATKINS AVE
CITY-ST-ZIP SARASOTA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 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

5/29/96 (411) 379-3649

Date

Daytime Phone #

CR2E034 (12/95)