FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000077559 (0)

1. CORPORATE NAME
SCRAMBLING CONSTRUCTION, INC.

PRINCIPAL OFFICE ADDRESS
1825 N.E. 63RD STREET
OCALA FL 34470

MAILING ADDRESS
1825 N.E 63RD STREET
OCALA FL 34470

3. Date Incorporated or Qualified: 10/19/1994
3a. Date of Last Report:

2. FEI Number Applied For:
21

2a. Mailing Address:
26

4. FEI Number: 59-3276634
Applied For / Not Applicable

22 City, State, Zip Code:
27 City, State, Zip Code:

5. Certificate of Status Desired: ☐ $8.75 Additional Fee Required

23 City, State, Zip Code:
28 City, State, Zip Code:

6. Election Campaign Financing Trust Fund Contribution: ☐ $5.00 May Be Added to Fees

24 34479 25
29 34479 30

8. Does corporation elect to be governed by Section 607.0832, Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SCRAMBLING, ARLENE L
1825 N.E. 63RD STREET
OCALA FL 34470

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code: 34479

11. Pursuant to the provisions of Section 607.0505, 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 registered agent as provided for in Chapter 607, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR

TITLE	D
NAME	SCRAMBLING, DAVID A
STREET ADDRESS	1825 N.E. 63RD STREET
CITY, ST, ZIP	OCALA FL 34470
TITLE	D
NAME	SCRAMBLING, ARLENE L
STREET ADDRESS	1825 N.E. 63RD STREET
CITY, ST, ZIP	OCALA FL 34470

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP	34479	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP	34479	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall constitute an affirmation under the penalties of perjury 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 above, or on an attachment with an asterisk.

SIGNATURE: David A. Scrambling 4/30/95 (904)732-6305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0353642 CP