

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 # **P95000012276 (8)**

1. Corporation Name

SCOTT MORTGAGE COMPANY, INC.



Principal Place of Business

**4410 NW 31ST AVE
GAINESVILLE FL 32606**

Mailing Address

**4410 NW 31ST AVE
GAINESVILLE FL 32606**

3. Date Incorporated or Qualified

02/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

24

9. Name and Address of Current Registered Agent

**SCOTT, BRENDA
4410 NW 31ST AVE
GAINESVILLE FL 32606**

81 Name

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

83

84 City

FL

85 Zip Code

4. FET Number

59-3297132

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0602 and 607.1108, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of person filing this report as required by the law.

NOTE: Registered Agent signature required for changing

(DATE)

12. OFFICERS AND DIRECTORS

12.1 NAME

**D
SCOTT, BRENDA
4410 NW 31ST AVE
GAINESVILLE FL 32606**

☐ DELETE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY - ST - ZIP

12.5 TITLE

**D
SCOTT, WAYNE
4410 NW 31ST AVE
GAINESVILLE FL 32606**

☐ DELETE

12.6 NAME

12.7 STREET ADDRESS

12.8 CITY - ST - ZIP

12.9 TITLE

☐ DELETE

12.10 NAME

12.11 STREET ADDRESS

12.12 CITY - ST - ZIP

12.13 TITLE

☐ DELETE

12.14 NAME

12.15 STREET ADDRESS

12.16 CITY - ST - ZIP

12.17 TITLE

☐ DELETE

12.18 NAME

12.19 STREET ADDRESS

12.20 CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

☐ Change

☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY - ST - ZIP

13.5 TITLE

☐ Change

☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY - ST - ZIP

13.9 TITLE

☐ Change

☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY - ST - ZIP

13.13 TITLE

☐ Change

☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY - ST - ZIP

13.17 TITLE

☐ Change

☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY - ST - ZIP

13.21 TITLE

☐ Change

☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 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 or 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

1/22/96 904-375-8978
Date Expires, Phone #

CR2E034 (12/95)