

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P95000013387 (2)**

1. Corporation Name

**GEORGE SCOTT INTERNATIONAL, INC.**



Principal Place of Business

Mailing Address

**1098 PARK LN  
GULF BREEZE FL 32561**

**1098 PARK LN  
GULF BREEZE FL 32561**

3. Date Incorporated or Qualified

**02/16/1995**

3a. Date of Last Report

2. Principal Place of Business

21 **3000 W. Nine Mile Road**

2a. Mailing Address

26 **3000 W. Nine Mile Road**

4. FEI Number

**59-3299949**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

City & State

23 **Pensacola, Florida**

City & State

28 **Pensacola, Florida**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

Zip Country

24 **32534-9439**

25 **Escambia**

Zip Country

29 **32534-9439**

30 **Escambia**

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

**WLMC REGISTERED AGENTS, INC.  
701 BRICKELL AVE, 2000  
MIAMI FL 33131**

81 Name

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

83

84 City

**FL**

85 Zip Code

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 ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D/AS (Assistant Secy)** ☐ Change ☒ Addition

1.2 NAME **John S. Harkins**

1.3 STREET ADDRESS **1098 Park Lane**

1.4 CITY - ST - ZIP **Gulf Breeze, Florida 32561**

2.1 TITLE **T/D** ☐ Change ☒ Addition

2.2 NAME **Martha Lou Harkins**

2.3 STREET ADDRESS **1098 Park Lane**

2.4 CITY - ST - ZIP **Gulf Breeze, Florida 32561**

3.1 TITLE **S** ☐ Change ☒ Addition

3.2 NAME **Robin A. Jeffords**

3.3 STREET ADDRESS **6880 W. Fairfield Dr., #149**

3.4 CITY - ST - ZIP **Pensacola, Florida 32506**

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: Martha Lou Harkins **MARTHA LOU HARKINS** 2-23-96 **904-479-4667**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)