

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000013387 (2)**

1. Corporation Name
GEORGE SCOTT INTERNATIONAL, INC.

Principal Place of Business
**3000 W NINE MILE RD
PENSACOLA FL 32534-9439
US**

Mailing Address
**3000 W NINE MILE RD
PENSACOLA FL 32534-9439
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 31 3350 McLemore Drive Suite, Apt. #, etc. 22 City & State 23 Pensacola, FL Zip 24 32514		2a. Mailing Address 26 3350 McLemore Drive Suite, Apt. #, etc. 27 City & State 28 Pensacola, FL Zip 29 32514		3. Date Incorporated or Qualified 02/16/1995	
				4. FEI Number 59-3299949 Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

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

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

OFFICERS AND DIRECTORS

TITLE	PDAS	<input type="checkbox"/> DELETE
NAME	HARKINS, JOHN S	
STREET ADDRESS	1098 PARK LANE	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HARKINS, MARTHA LOU	
STREET ADDRESS	1098 PARK LANE	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JEFFORDS, ROBIN A	
STREET ADDRESS	6880 W FAIRFIELD DR 149	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Chairman/Director
1.3 STREET ADDRESS	Harkins, John S
1.4 CITY-ST-ZIP	1098 Park Lane
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	President/Treasurer/Director
2.3 STREET ADDRESS	Harkins, Martha Lou
2.4 CITY-ST-ZIP	1098 Park Lane
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Secretary
3.3 STREET ADDRESS	Watts, Robin A
3.4 CITY-ST-ZIP	5 North 70th Avenue
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Pensacola, FL 32506
4.3 STREET ADDRESS	Chief Operating Officer
4.4 CITY-ST-ZIP	Kavanagh, James A
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	1200 Mahogany Mill Rd., Slip 39
5.3 STREET ADDRESS	Pensacola, FL 32507
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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: *Martha L. Harkins* MARTHA L. HARKINS/PRES. 4-1-98 850 479-4667

CR2E034 (10/97)