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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000048268 (3)

SCOT-N-YARD, INC.

FILED Apr 16 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address					4 1 20 (4 Mit 110 I Mist Stiet Matt Matt Matt	ili Misan iniin irbin misi	. 1911 1241	
1100 CHERRY TREE RD 1100 CHERRY TREE RD								
ST AUGUSTIN	E FL 32086	ST AUGUSTINE FL 320	ST AUGUSTINE FL 32086			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	THO OF NOL	
						06/16/1995		
2 Principat Pi	ace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21	••••	<u></u>	26			59-3321868	No	t Applicable
Suite, Apt.	#, e1 C.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22	<u></u>	27				5. Certificate of Status Desired	Fee Re	quired
City & State	:	City & State	City & State			6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution		
Zip	Country	Zip	├ ── ' '	ıntry		8. This corporation owes or has paid th		
24	25 n Name and Address of Cure	29	30	т—		Personal Property Tax due June 30. Yes No No. Name and Address of New Registered Agent		
140		ent neglisteren Agent		81	Name	10, Harris and Hadrison of Hotel Hogies.		
	CREA, GEORGE E I HERMOSA CT							
	AUGUSTINE FL 32086		82 Street Ad			dress (P.O. Box Number is Not Acceptable)		-
31	WARRINE IF SERVE			83	1			
				ļ.,			 7:- 6	<u></u>
				84	City		FL 85 Zip (200e
10 1 20 20 20 20 20 20 20 20 20 20 20 20 20								
11. Pursuant to the provisions of Socious 607.1502 and 607.1508, Florida Statutes, the above-hallied corporation submits this statement to the purpose of changing is 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.								
					ent signature req		ATE	
12,		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR Change	S IN 12
TITLE	D DEFELE			1.1 TITLE			☐ Change	L Addition
NAME	MCCREA, GEORGE E 271 HERMOSA CT		1.2 NAN		Lennon			
STREET ADDRESS	ST AUGUSTINE FL 32086				ADDRESS			
CITY-ST-ZIP TITLE	D	DELETE	DELETE 21 TH		1-20		Change	Addition
NAME	MCCREA, ALLAN D	LL POLICE	22 N					
STREET ADDRESS	1100 CHERRY TREE RD				ADDRESS			
CITY-ST-ZIP	ST AUGUSTINE FL 32086				ST-ZIP			
TITLE	D	DELETE					☐ Change	Addition
NAME	MCCREA, RUSSELL M		3.2 NA					
STREET ADDRESS	1100 CHERRY TREE RD		3.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP	ST AUGUSTINE FL 32086	IT AUGUSTINE FL 32086 3.4		HY-S	ST-ZIP			
TITLE				TLE			☐ Change	Addition
NAME			4.2 8	NAME				
STREET ADDRESS			4.3 S	TREE1	ADDRESS	·		1
CITY-ST-ZIP			4.4 C	ITY-S	T-ZIP			
TITLE		DELETE	5.1 TI	ITLE		*	☐ Change	Addition
NAME			5.2 N	AME				ŀ
STREET ADDRESS			5.3 S	TREET	ADDRESS			
CITY-ST-ZIP			5.4 C	ITY-S	5T - 2(P			
TITLE		DELETE 6.		S.1 TITLE			☐ Change	☐ Addilion
NAME			6.2 N	AME				
STREET ADDRESS			6.3 \$	IREET	ADDRESS			
CITY-ST-ZIP	- Alf all - All - I - A	to all the files of the second of the	6.4 C	ITY-S	ST - ZiP	in Contine 140 07/3Vi) Florida Statutos I furth	nor partifu that the	information

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.