

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 22 1997 8:00am
Secretary of State

DOCUMENT # P95000050640 (8)

1. Corporation Name
SC2P, INC.

Principal Place of Business

311 MASSALINA DRIVE
PANAMA CITY FL 32401
US

Mailing Address

311 MASSALINA DRIVE
PANAMA CITY FL 32401
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/28/1995	3a. Date of Last Report 04/10/1996
4. FEI Number 59-3323965	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

9. Name and Address of Current Registered Agent

MOSER, CHRISTIANE M
311 MASSALINA DRIVE
PANAMA CITY FL 32401

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 *Christiane M. Moser* 16 Sept 1997
Signed and dated by registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MULLEN, STEVE
STREET ADDRESS 131 GRAND LAGOON SHORES DR.
CITY-ST-ZIP PANAMA CITY FL 32408

TITLE D ☐ DELETE

NAME MULLEN, PAGE
STREET ADDRESS 131 GRAND LAGOON SHORES DR.
CITY-ST-ZIP PANAMA CITY FL 32408

TITLE VD ☐ DELETE

NAME MOSER, CHRISTIANE M
STREET ADDRESS 311 MASSALINA DRIVE
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE TD ☐ DELETE

NAME MOSER, PAUL J
STREET ADDRESS 311 MASSALINA DRIVE
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 ☒ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE S/D ☒ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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, changed or on an attachment with an address.

SIGNATURE *Christiane M. Moser* 16 Sept 97 (BSO) 785-0161

CR2E034 (4/97)