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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000077810 (6) DOCUMENT #
1. Corporation Name

SCOTT & WILKERSON	ENTERPRISES,	INC.
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Principal Place of Business

Mailing Address



1703 COTTAGESIDE CT. 1703 COTTAGESIDE CT. BRANDON FL 33510 BRANDON FL 33510									
					3. Date Incorporated or Qualified 10/04/1995	3a. Date o	f Last	Report	
2. Principal Plac	ne of Business	2a. Mailing Address		<del>-</del>	4. FEI Number	.L		Applied For	
Z. FillOpairia	Cattanasida C+		144	7	59.3339239	7		Not Applicable	
Suite, Apt. #, etc.  Suite, Apt. #, etc.  27  Ott. #, State			Z	5. Certificate of Status Desired		\$8.75 Add			
		Otto & State	, F	7	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zp 335	Country	710 00 C 0	Country	Shore	8. This corporation has liability for in Florida Statutes Yes		under	s 199.032,	
	9. Name and Address of Current	Registered Agent		<del>, , , , , , , , , , , , , , , , , , , </del>	10. Name and Address of New R	egistered A	gent		
			81	Name					
ecott (	CAROL I		82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)			
SCOTT, CAROL L 1703 COTTAGESIDE CT.			62	82 Street Address (F.O. Box Number is Not Acceptable)					
	N FL 33510		83						
DRANUU	H FL 33310						06	Žip Code	
			84	City		FL	85	zip Code	
SIGNATURE	h, and accept the obligations of, Sections of Sections of Sections of the section		Fizyatored Ape	), अलेग्यामास प्रतीयक्त		DATE.			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF				
TIFLE	D	☐ DEL€TE	1 1 TITLE				Chang	e 🔲 Addition	
NAME	SCOTT, CAROL L		1.2 NAME						
STREET ADDRESS	1703 COTTAGESIDE CT.		1 3 STREE	ADDRESS					
CITY-ST-ZIP	BRANDON FL 33510		1.4 CITY-1	T - ZiP				<b>—</b>	
TITLE	D	☐ DEFELE	2 1 1111			L_	) Chang	je 🔲 Addition	
NAME	WILKERSON, PATRICIA A		2.2 NAME						
STREET ADDRESS	1703 COTTAGESIDE CT.		2.5 STREE	ADDRESS					
CITY-S1-ZIP	BRANDON FL 33510		2.4 City - 1	ET ZIF			Chang	e Addition	
TITLE		☐ DELETE	3 1 TITLE			L	Lough	ic 🔲 Madition	
NAME			3.2 NAME						
STREET ADDRESS			t	f ADDRESS					
CHY-ST-ZIP		DELETE	3.4 CITY - 4. 1 TITLE	\$1 - ZIP			1 Chana	ie 🔲 Addition	
TITLE			4. 1 11126 4.2 NAME			_	,	,·	
NAME				F ADDRESS					
STREET ADDRESS									
CITY - ST - ZIP		DELETE	4.4 CITY - 5.1 TITLE	01-41			] Chan	ge 🔲 Addition	
TITLE		LJourn	5.2 NAME			_			
NAME OFFICER ADDRESS				TAUDRESS					
STREET ADDRESS			54 CHY-						
CITY-ST-ZIP TITLE		DELETE	6 1 Till E	Ç. 211			Chai	ge 🔲 Addition	
NAME		<b></b>	6.2 NAME						
			1	LADORESS					
STREET ADDRESS			6.4 CiTy	ST 7/P					
CITY - ST - ZIP	L				for the exemption stated in Section 119	0.7/20/IA Elec	de Ox	- L - A   1 6 A   L - D	

14. Ido hereby certify that the information supplied with 15 hing a solutional certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on the supplier for the certify that the information indicated on the indicated on