

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 # P95000087501 (9)

1. Corporation Name

SCOTT BYRON, INC.



Principal Place of Business

7848 S FEDERAL HIGHWAY  
HYPOLUXO FL 33462

Mailing Address

7848 S FEDERAL HIGHWAY  
HYPOLUXO FL 33462

3. Date Incorporated or Qualified

11/15/1995

3a. Date of Last Report

4. FEI Number

05-069654

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHRISTOPHER, SCOTT D  
7848 S FEDERAL HIGHWAY  
HYPOLUXO FL 33462

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 date of signature

DATE Registered Agent's Signature Required when not at Sign

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D  
NAME: CHRISTOPHER, SCOTT D  
STREET ADDRESS: 7848 S FEDERAL HIGHWAY  
CITY-ST-ZIP: HYPOLUXO FL 33462

TITLE ☐ DELETE

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE ☐ DELETE

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE ☐ DELETE

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

VP

P, S  
BYRON CLARK  
2610 W. HILLSBOROUGH AVE.  
TAMPA, FL 33614

000001840820  
-05/28/96--01033--034  
\*\*\*200.00

Change ☐ Addition ☐

Change ☐ Addition ☐

5-1-96  
AES

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

(407) 586-0990

CR2E034 (12/95)