

5-13-97 B-7057 C
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PROFIT CORPORATION
 ANNUAL REPORT
 1997



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

FILED
 97 SEP 10 PM 12:50

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # P96000009667 (2)

1. Corporation Name
 VAN SCOY ENTERPRISES, INC.

Principal Place of Business
 1046 E NEW YORK AVENUE
 DELAND FL 32724

Mailing Address
 1046 E NEW YORK AVENUE
 DELAND FL 32724-5628

3. Date Incorporated or Qualified 01/26/1996	3a. Date of Last Report
4. FEI Number 59-3421080	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 430 McCracken Rd Suite, Apt. #, etc.	26 430 McCracken Rd Suite, Apt. #, etc.
22 City & State 23 Lake Helen FL.	27 City & State 28 Lake Helen FL.
24 32744 Country 25 U.S.A.	29 32744 Country 30 U.S.A.

9. Name and Address of Current Registered Agent

VAN SCOY, MARY
 1046 E NEW YORK AVENUE
 DELAND FL 32724

10. Name and Address of New Registered Agent

81 Name Van Scoy, Mary
82 Street Address (P.O. Box Number is Not Acceptable) 430 McCracken Rd.
83 City Lake
84 City Lake Helen FL
85 Zip Code 32744

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VAN SCOY, MARY	
STREET ADDRESS	1046 E NEW YORK AVENUE	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VAN SCOY, HARVEY	
STREET ADDRESS	1046 E NEW YORK AVENUE	
CITY-ST-ZIP	DELAND FL 32724	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Van Scoy, Mary	
1.3 STREET ADDRESS	430 McCracken Rd.	
1.4 CITY-ST-ZIP	Lake Helen, FL. 32744	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Van Scoy, Harvey	
2.3 STREET ADDRESS	430 McCracken Rd.	
2.4 CITY-ST-ZIP	Lake Helen, FL. 32744	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
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		

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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 if changed, or on an attachment with an address.

SIGNATURE: MARY VAN SCOY, MARY VAN SCOY, HARVEY VAN SCOY
 4-30-97 904-228-0200 904-228-3445

CR2E034 (9/96)