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

Mailing Address

3814 MUIRFIELD COURT PALM HARBOR FL 34685

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT #** P96000032972

Principal Place of Business 3814 MUIRFIELD COURT

PALM HARBOR FL 34685

SCOTT DRYSDALE AND COMPANY, INC.

2. Principal Place of Business		2a.	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26	26				59-3374403		No	t Applicable
Suite, Apt. #, etc.		1201	Suite, Apt. #, etc.					П		
22		27	27				3. Certificate of Ottatas Decircus		Fee Re	quired*
City & State			City & State				6. Election Campaign Financing	<u> </u>	\$5.00	May Be
23		28	28				Trust Fund Contribution		Added t	o Fees
		<del> ,</del>	Zip Country				8. This corporation owes the curr	ent year Inta	ngible	
25	25		9 30				Personal Property Tax.		☐ Yes	□No
				-1			10. Name and Address of New	Registered A	\gent	
3. Name 3.	3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	1 5 5		81	Nam	e				
DRYSDALE, SCOTT					<u> </u>			- L1-X		<del>-</del>
				82	82 Street Address (P.O. Box Number Is Not Acceptable)					
				91	83				AC 3 (4) \$46	
PALM HANDON I L 04000				0.	1					湖鄉湖
					City				85 Zip (	Code
									1 1 1 1 1 1 1 1 1 1 1	intornal
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.										
TURE Street up broad or o	orinted name of registered agen	t and title	if applicable. (NOTE: R	egistered Age	ent signatur	e required s	when reinstating)	DATE		
Signature, typed or y			- 11	13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
n	0((102.10.11.		☐ DELETE	1.1 TITLE					Change	Addition
1 -	COTT			1.2 NAME		Ì				
						~				
PALM HARE	SUR FL 34685		□ DELETE	_	SI-ZIP	+			. Change	Addition
			□ DELETE			1				_ }
										Ì
DORESS						is				
ziP									Change	Addition
			☐ DELETE	3.1 TITLE					□ Change	
		,		3.2 NAME						
				3.3 STRE	ET ADDRES	38				
np (C.)				3.4. CITY	ST-ZIP_					1 10 10 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			☐ DELETE	4.1 TITLE			. :		☐ Change	Addition
				4. 2 NAM	E					1
DORESS				4.3 STRE	ET ADDRE	ss				
1				4.4 CITY-	ST-ZIP					
LIF		.,	☐ DELETE			$\dashv$			Change	☐ Addition
										}
				5.3 STRE	ETADORE	ss				1
1 '						-				
ZIP		<del></del> .	☐ nciete			+			Change	☐ Addition
			□ nereie							- {
1										
DDRESS				6.3 STRE	E I ADDRE	20				
	9. Name an  DRYSDALE, SCOT  3814 MUIRFIELD to the provision ce or registered agent and familiar with, TURE  DDRYSDALE, Signature, typed or a DRYSDALE, 3814 MUIRF	Country  25  9. Name and Address of Curren  DRYSDALE, SCOTT  3814 MUIRFIELD COURT PALM HARBOR FL 34685  Suant to the provisions of Sections 607.050 ce or registered agent, or both, in the State ent. I am familiar with, and accept the obligat  TURE  Signature, typed or printed name of registered agent  OFFICERS AN  DORESS  DDRESS  ZIP  DDRESS  ZIP  DDRESS  ZIP  DDRESS  ZIP  DDRESS  ZIP  DDRESS  ZIP	Apt. #, etc.  27  8 State  Country  25  9. Name and Address of Current Regis  DRYSDALE, SCOTT  3814 MUIRFIELD COURT PALM HARBOR FL 34685  Suant to the provisions of Sections 607.0502 and 6ce or registered agent, or both, in the State of Florient. I am familiar with, and accept the obligations of TURE  Signature, typed or printed name of registered agent and title OFFICERS AND DIRE  DORESS  DORESS  ZIP  DORESS  ZIP  DORESS  ZIP  DORESS  ZIP  DORESS  ZIP  DORESS  ZIP	Apt. # etc.  Suite, Apt. #, etc.  Country  Zip  Zip  25  9. Name and Address of Current Registered Agent  DRYSDALE, SCOTT  3814 MURFIELD COURT  PALM HARBOR FL 34685  Suant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes ceror registered agent, or both, in the State of Florida. Such change was autent. Larn familiar with, and accept the obligations of, Section 607.0505, Florida Statutes Ceror registered agent, or both, in the State of Florida. Such change was autent. Larn familiar with, and accept the obligations of, Section 607.0505, Florida Statutes Ceror registered agent and title if applicable.  OFFICERS AND DIRECTORS  DRYSDALE, SCOTT  3814 MUIRFIELD COURT  PALM HARBOR FL 34685  DELETE  DORESS  ZIP  DELETE  DELETE  DORESS  ZIP  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE	Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Zip  Country  Zip  Coun	Apt. #, etc.    Suite, Apt. #, etc.	26 Apt. #, etc.  27 Suite, Apt. #, etc.  27 City & State  City & State  City & State  28  Country  25 9. Name and Address of Current Registered Agent  DRYSDALE, SCOTT  3814 MURFIELD COURT PALM HARBOR FL 34685  83 84 City  Suant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpode or registered agent, or both, in the State of Florida, Such change was authorized by the corporation and find if applicable.  OFFICERS AND DIRECTORS  13 DORSS AND DIRECTORS  13 DORSS AND DIRECTORS  14 DELETE  15 DIRECT ADDRESS  20 DELETE  21 TITLE  22 NAME  23 STREET ADDRESS  34 CITY. ST. 2P  DELETE  31 TITLE  32 NAME  33 STREET ADDRESS  34 CITY. ST. 2P  DELETE  41 TITLE  42 NAME  43 STREET ADDRESS  34 CITY. ST. 2P  DELETE  51 DELET	Solution   Solution	Suite, Apt. #, etc.    28   Suite, Apt. #, etc.   27   Suite, Apt. #, etc.   28   Suite, Apt. #, etc.   28   City & State   S. Certificate of Status Desired.	Sp. 374403   No.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

14. 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 it 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 with all other like empowered.

**FILED** 

Jan 20, 1999 8:00am

**Secretary of State** 

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

04/11/1996

01-20-1999 90030 021 \*\*\*150.00