

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000083846 (1)

1. Corporation Name
WESTSCOTT, INC.

FILED
97 JUN 23 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1331 EAST LAFAYETTE ST.
SUITE B
TALLAHASSEE FL 32312

Mailing Address
1331 EAST LAFAYETTE ST.
SUITE B
TALLAHASSEE FL 32301-4726

2. Principal Place of Business
21 2858 REMINGTON GREEN

2a. Mailing Address
26 2858 REMINGTON GREEN

Suite, Apt. #, etc.
22 103

Suite, Apt. #, etc.
27 103

City & State
23 TALLAHASSEE, FL

City & State
28 TALLAHASSEE, FL

Zip
24 32308

Country
25 USA

Zip
29 32308

Country
30 USA

9. Name and Address of Current Registered Agent

SKROVE, DEBORAH A
1331 EAST LAFAYETTE ST.
SUITE B
TALLAHASSEE FL 32312

3. Date Incorporated or Qualified
10/10/1996

3a. Date of Last Report

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
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CITY-ST-ZIP
☐ DELETE

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☐ DELETE

TITLE
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CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PRESIDENT (P)
SCOTT A. SKROVE
2858 REMINGTON GREEN #103
TALLAHASSEE, FL 32308
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
VP (V)
JEFF WEST
2858 REMINGTON GREEN #103
TALLAHASSEE, FL 32308
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition
200002221342--3
-06/24/97--01057--018
***165.00 ***165.00

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition
JEFF WEST
6/23/97

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition
1000022206001
-06/03/97--01111--028
***550.00

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
SCOTT A. SKROVE
6/21/97 (AM) 545-1919

CR2E034 (9/96)