

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

FILED
Feb 24 1997 8:00am
Secretary of State

DOCUMENT # P96000092001 (2)

1. Corporation Name
SCOTT TORRIE, P.A.

Principal Place of Business

10220 U.S. HIGHWAY 19
SUITE 300
PORT RICHEY FL 34668

Mailing Address

10220 U.S. HIGHWAY 19
SUITE 300
PORT RICHEY FL 34668-3745

3. Date Incorporated or Qualified
11/06/1996

3a. Date of Last Report

4. FEI Number
59-3413738

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

2. Principal Place of Business

21 7618 MASSACHUSETTS AVE.

Suite, Apt. #, etc.

22 City & State
NEW PORT RICHEY, FLA

23 Zip Country
34653 PASCO

24 34653 PASCO

2a. Mailing Address

26 503 MARIVA AVE.

Suite, Apt. #, etc.

27 City & State
CLEARWATER, FLA

28 Zip Country
34615 PINELLAS

29 34615 PINELLAS

9. Name and Address of Current Registered Agent

BOBENHAUSEN, GALE M ESQ.
30 BISHOP CREEK ROAD
SAFETY HARBOR FL 34685

10. Name and Address of New Registered Agent

81 Name

SCOTT TORRIE

82 Street Address (P.O. Box Number is Not Acceptable)

83 503 MARIVA AVE.

84 City
CLEARWATER

FL

85 Zip Code
34615

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

Scott Torrie

Signature of officer, director, or registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-17-97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D TORRIE, SCOTT
STREET ADDRESS
10220 U.S. HIGHWAY 19, SUITE 300
CITY - ST - ZIP
PORT RICHEY FL 34668

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
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CITY - ST - ZIP

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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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 Torrie

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/97

DATE

813/845-3833

DATE AND PHONE #

CR2E034 (9/96)