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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 23 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000100018 (6)

SCOTT HOLDINGS, INC.

Principal Place of Business Mailing Address					-	6101 (1011 0411) BEILL 1811	
#BRUCE A SCOTT 3531 BEAUCLERC CIRCLE NORTH 3531 BEAUCLERC CIRCLE NORTH 3531 BEAUCLERC CIRCLE NO JACKSONVILLE FL 32257 JACKSONVILLE FL 32257					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 12/02/1996		
2. Principal Place of Business 2a. Mailing Ad			ess		4. FEI Number		Applied For
21 26					59-3426464		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional Required	
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		0 May Be ed to Fees
Zip 24	Country 25	Zip	¬ '		This corporation owes or has p. Personal Property Tax due June		Intangible
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
S	COTT, BRUCE A		81 N	lame		:	
3531 BEAUCLERC CIRCLE NORTH JACKSONVILLE FL 32257			<b>82</b> S	treet Addre	ss (P.O. Box Number is Not Accepta	ble)	
, w	CONCONVICIE I E OZZOJ		83				
			84 C	City		FL 85 Zi	p Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the Sate 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  Spendie, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
12.	OFFICERS AND		13.	Sixtanc require	ADDITIONS/CHANGES TO OFFI		ORS IN 12
TITLE	PDS	DELETE	1.1 TITLE			Chang	4.4
NAME	BRUCE, SCOTT		1.2 NAME				
STREET ADDRESS 3531 BEAUCLERC CIRCLE N			1.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP				
TITLE		☐ DELETE	2.1 TITLE			Change	e 🔲 Addition
NAME	· [		2.2 NAME				
STREET ADDRESS	1		2.3 STREET ADD				
CITY-ST-ZIP		DELETE	2. 4 CITY-ST-Z	IP		Change	e
NAME			3.2 NAME			ட பவழ	. — Addition
STREET ADDRESS			3.3 STREET ADD	RESS			-
CITY - ST - ZIP			3.4. CITY-ST-ZI				
TITLE		DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADD	RESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIE	>			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				ļ
STREET ADDRESS			5,3 STREET ADDI	RESS			1
CITY-ST-ZIP			5.4 CITY - ST - ZIF	,			
TITLE		☐ DELETE	6.1 TITLE			L Change	: L Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDI	RESS			

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 if made under oath; that I are officer or director of the corporation or the receiver or trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears Block 12 or Block 13 if changed on an attachment with an address.

SIGNATURE:

| 1904 | 737 - 848|