

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

FILED  
Feb 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # - P97000039111 (4)

1. Corporation Name

DAVIS & SCARBROUGH, INC.

Principal Place of Business

1351 NW 22ND ST.  
POMPANO BEACH FL

Mailing Address

1351 NW 22ND ST.  
POMPANO BEACH FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1997

4. FEI Number

65-0754129

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

SAXON, KYLE R  
1700 ALFRED I. DEPONT BLDG.  
169 E. FLAGLER ST.  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

VIRGIL D. SCARBROUGH

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

83 5969 N.W. 75<sup>TH</sup> WAY

84 City

PARKLAND

85 State

FL

86 Zip Code

33067

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 his or her title

(NOTE: Registered Agent signature required when reinstating)

DATE

PRESIDENT VIRGIL D. SCARBROUGH

1/31/98

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SCARBROUGH, VIRGIL	
STREET ADDRESS	1351 NW 22ND ST.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	DAVIS, SCOTT	
STREET ADDRESS	1351 NW 22ND ST.	
CITY-ST-ZIP	POMPANO BEACH FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	

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 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:

VIRGIL D. SCARBROUGH 1/31/98 (954) 917-7272

CR2E034 (10/97)