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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000081597

1. Corporation Name
SCARBOROUGH CIVIL CORP.



Principal Place of Business
**600 N. COMMONWEALTH AVE
POLK CITY FL 33837
US**

Mailing Address
**P.O. BOX 1924
DAVENPORT FL 33837
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **6650 SR. 544 E.**
Suite, Apt. #, etc.

2a. Mailing Address
26 **6650 SR 544 E.**
Suite, Apt. #, etc.

23 **Winter Haven, FL**
City & State
24 **33881** 25 **USA**
Zip Country

27 **Winter Haven, FL**
City & State
29 **33881** 30 **USA**
Zip Country

3. Date Incorporated or Qualified
09/19/1997

4. FEI Number
59-3470222
Applied For
Not Applicable

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

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**SCARBOROUGH, YVONNE K
102 EAST PALMETTO
POST OFFICE BOX 1924
DAVENPORT FL 33837**

10. Name and Address of New Registered Agent

81 Name **Scarborough Edmund C.**
82 Street Address (P.O. Box Number is Not Acceptable)
6650 SR. 544 E.
83
84 City **Haines City** FL 85 Zip Code **33844**

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]**
Signature typed or printed name of registered agent and title if applicable.

Y K Scarborough Sec/Tres
(NOTE: Registered Agent signature required when reinstating)

DATE **1/12/99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D SCARBOROUGH, YVONNE K**
STREET ADDRESS **102 E PALMETTO, PO BOX 1924**
CITY-ST-ZIP **DAVENPORT FL 33837**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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
NAME **D Scarborough, Edmund C.**
1.2 NAME
1.3 STREET ADDRESS **6650 SR. 544 E.**
1.4 CITY-ST-ZIP **Haines City, FL. 33844**

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 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, with all other like empowered.

SIGNATURE: **[Signature]** **Yvonne K. Scarborough** 1/8/99 (941) 421-6602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0435607

CR2E034 (1/1/98)