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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90283 023 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000001368

1. Corporation Name

SCOTT THOMASSON INC.



Principal Place of Business

1501 SHEPHEARD RD #157
LAKELAND FL 33811

Mailing Address

1501 SHEPHEARD RD #157
LAKELAND FL 33811

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/07/1998

4. FEI Number

59-3485365

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 the current year tangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3304 Bishop Park Dr. #825

Suite, Apt. #, etc.

22 825

City & State

23 Winter Park FL

Zip Country

24 32792 25 USA

2a. Mailing Address

26 3304 Bishop Park Dr.

Suite, Apt. #, etc.

27 825

City & State

28 Winter Park FL

Zip Country

29 32792 30 USA

9. Name and Address of Current Registered Agent

ACCOUNTING & TAX HELP, INC.
8638 PARK BLVD SUITE A
SEMINOLE FL 33777

10. Name and Address of New Registered Agent

81 Name

T.J. Carrigan & Co., Inc

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

8802 Rocky Creek Drive Suite 18

83

84 City

Tampa

FL

85 Zip Code

33615

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:

Thomas J. Carrigan

Signature, typed or printed name of registered agent; not applicable

(NOTE: Registered Agent signature required when reinstating)

4-5-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

President

☐ Change

☒ Addition

1.2 NAME

Scott Thomasson

1.3 STREET ADDRESS

3304 Bishop Park Dr #825

1.4 CITY-ST-ZIP

Winter Park FL 32792

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:

Scott Thomasson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-99

CR2E034 (11/98)