

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 15, 1999 8:00 am
Secretary of State

05-15-1999 90010 039 ***150.00

DOCUMENT # P98000018691 ✓

1. Corporation Name

Little Scotland, Inc.

Principal Place of Business

531 PINETREE DR.
INDIALANTIC, FL
32903

Mailing Address

531 PINETREE DR.
INDIALANTIC, FL
32903

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

FEBRUARY 25, 1998

4. FEI Number

59-3498570

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 Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 565 SOLITAIRE PALM DR.

26 Suite, Apt. #, etc.
27 565 SOLITAIRE PALM DR.

23 City & State
INDIALANTIC, FL

28 City & State
INDIALANTIC, FL

24 Zip Country
32903 USA

29 Zip Country
32903 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHN W. WATKINS
565 SOLITAIRE PALM DR.
INDIALANTIC, FL 32903

81 Name N/A

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

565 Solitaire Palm DR.

83

84 City Indialantic

FL

85 Zip Code 32903

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 John Watkins (JOHN WATKINS)

25 April, 1999

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P/T/D	<input type="checkbox"/> DELETE
NAME	JOHN W. WATKINS	
STREET ADDRESS	565 SOLITAIRE PALM DR.	
CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE	V/D	<input type="checkbox"/> DELETE
NAME	JILL WATKINS MILLER	
STREET ADDRESS	805 N.W. 36TH DR.	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	V/D	<input type="checkbox"/> DELETE
NAME	KAY WATKINS HESS	
STREET ADDRESS	552 SOLITAIRE PALM DR.	
CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE	S/D	<input type="checkbox"/> DELETE
NAME	ROBBIE C. WATKINS	
STREET ADDRESS	565 SOLITAIRE PALM DR.	
CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: John Watkins (JOHN WATKINS) 25 April, 1999 (407) 723-1918

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)