PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90037 015 ***150.00

DOCUMENT #	P98000061364
1. Corporation Name	1 0000000.00.

R. CRAIG SCOGGINS, INC.

11. Olivac							
Principal Ptace of Business Mailing Address					r 19871691 (19 1919) (615) entry galle gann ear	14 BHEL 1188 1116 1	1011- A.B. 189.
4900 SELBERG LANE LAKE WORTH FL 33461-4337 LAKE WORTH FL 33461-4337		1337		OO NOT WRITE IN TH	IS SPACE		
					3. Date Incorporated or Qualifed		
					07/10/1998		
2. Principal P	tace of Business	2a. Mailing Address			4 EEI Number		tled For
21		26			65-0852646		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Ad Fee Req	
City & Stat	6	City & State			6. Election Campaign Financing	\$5.00 k	
23	, , <u>, , , , , , , , , , , , , , , , , </u>	28			Trust Fund Contribution	Added to	> Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year	ntangible	
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent		T	10. Name and Address of New Registers	o Agent	
			81	Name			
SCOGGINS, R C 4900 SELBERG LANE		•	82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	E WORTH FL 33461-4337		83		·		
			84	City		. 85 Zip C	ode
			I	1	poration submits this statement for the purpose		
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS A	ND DIRECTORS	TE: Registered Age 13.	m sgneture requir	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		
TILE	PRESIDENT	☐ DELETE	1.1 TITLE	-		Change	Addition
NAME	R. CANIA SCOPP	ins	1.2 NAME				
STREET ADDRESS		LANE		TADORESS		•	
CITY-ST-ZIP	LAKE WORTH	F1 33761	1.4 CITY-S	5T-ZIP		Change	Addition
TITLE	V. PRESIDENT	☐ DELETE	2.1 TITLE			Containing	
NAME	DIANE E.Sco	99 iNS	2.2 NAME	*			
_STREET ADDRESS	4900 SELDER9	FI 33461	2.3 STREE	T ADDRESS			
CITY-ST-ZIP*	EAKE WORTH,	DI DELETE	3.1 TITLE	B1-23-		☐ Change	☐ Addition
NAME	1		32 NAME]			
STREET ADDRESS		decodes of the to	1.3 STREE	T ACORESS -			
CITY-ST-ZIP	•		3.4. CITY-5	ST-20P			
TITLE	1	☐ DELETE	4.1 TITLE	_		☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS	i.		P.	T ADDRESS			
CTTY-ST-ZIP			4.4 CITY-5	57-ZIP		☐ Change	Addition
TITLE		☐ DELETE	5.1 TITLE			TT Annual	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME			5.2 NAME	TADORESS			
STREET ADDRESS	\$ 			- 1			
CITY-ST-ZIP		□ pcreve	5.4 CITY-5 6.1 TITLE	11-4P	· · · · · · · · · · · · · · · · · · ·	Change	Addition
TITLE		☐ DELETE	6.1 VIICE	ļ		_ similar	
NAME			*	TADDRESS			
STREET ADDRESS	5		0.3 S INCE	.,			٠.

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 eath; that I am an officer or director of the corporation or the reseiver 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 op an attachment with an address, with all other like empowered.