

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
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95 APR 27 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S30449** (0)
1. Corporation Name
SCALES DISTRIBUTION CORPORATION

Principal Place of Business: **5554 HWY 98 EAST UNIT #1007 DESTIN FL 32541**
Mailing Address: **5554 HWY 98 EAST UNIT #1007 DESTIN FL 32541**
(911" CHANGED OUR ADDRESS!)

2. Principal Place of Business: **21 9001 Hwy 98 West**
2a. Mailing Address: **26 9001 Hwy 98 West**
22 Suite, Apt. #, etc.
27 Suite, Apt. #, etc.
23 City & State
28 City & State
24 Zip
25 Country
29 Zip
30 Country

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/06/1991**
3a. Date of Last Report: **02/09/1994**

4. FEI Number: **59-3051975**
Applied For: Not Applicable

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

6. Election Campaign Financing: \$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**ROGERS, THOMAS W JR.
5554 HWY 98 EAST. UNIT #1007
DESTIN FL 32541**

10. Name and Address of New Registered Agent

B1 Name: **- Same -**
B2 Street Address (P.O. Box Number is Not Acceptable): **9001 Hwy 98 West Unit #1007**
B3
B4 City: **Same** FL B5 Zip Code

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 _____ DATE _____
Signature typed or typed name of registered agent and filed if applicable. (NOTE: Registered Agent signature required when resigning.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCALES, WILLIAM PHILLIP	1.2 NAME	
STREET ADDRESS	5419 STONEHURST RD.	1.3 STREET ADDRESS	3333 East BOUGAINVILLE AVE
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	Tampa, FL 33612
TITLE	VTD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, THOMAS WILLIAM J	2.2 NAME	
STREET ADDRESS	5554 HWY 98 EAST, UNIT #1007	2.3 STREET ADDRESS	9001 Hwy 98 West Unit #1007
CITY - ST - ZIP	DESTIN FL	2.4 CITY - ST - ZIP	Destin, FL 32541
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 promoter 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 in an attachment with an address.

SIGNATURE: *Thomas William Rogers Jr.* **1/13/95** **904-267-1760**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Chapter Number

THOMAS WILLIAM ROGERS, JR.