

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
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90007 031 ***150.00

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DOCUMENT # S44905

1. Corporation Name

SCOTT CONSTRUCTION ASSOCIATES, INC.

Principal Place of Business

~~4204 EASTWOOD DR~~
~~SARASOTA FL 34232~~
US

Mailing Address

~~4204 EASTWOOD DR~~
~~SARASOTA FL 34232~~
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1991

4. FEI Number

65-0259500

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

21 1626 LANDELL DR

Suite, Apt. #, etc.

22

City & State

23 NOKOMIS FL

Zip

24 34275

Country

25 US

2a. Mailing Address

26 1626 LANDELL

Suite, Apt. #, etc.

27

City & State

28 NOKOMIS FL

Zip

29 34275

Country

30 US

9. Name and Address of Current Registered Agent

SCOTT, THOMAS W.
4204 EASTWOOD DRIVE
SARASOTA FL 34232

10. Name and Address of New Registered Agent

81 Name

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

1626 LANDELL DR

83

84 City

SARASOTA

FL

85 Zip Code

34275

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

Denise E. Scott V.P.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/8/99

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE

NAME SCOTT, THOMAS W.
STREET ADDRESS 4204 EASTWOOD DR
CITY-ST-ZIP SARASOTA FL

TITLE VPT ☐ DELETE

NAME SCOTT, DENISE E.
STREET ADDRESS 4204 EASTWOOD DR
CITY-ST-ZIP SARASOTA FL

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 ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 1626 LANDELL DR
1.4 CITY-ST-ZIP NOKOMIS FL 34275

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 1626 LANDELL DR
2.4 CITY-ST-ZIP NOKOMIS FL 34275

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:

Denise E. Scott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99

Date

941-378-9440

Daytime Phone #

CR2E034 (11/98)