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PROFIT *CORPORATION ANNUAL REPORT



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

1996 **DOCUMENT # \$46221**

(5)

FRANKLY SCARLETT, INC.



| Principal Place of Business Maling Address | | | | | | |
|--|--|----------------------------------|--------------------------|---------------------------------------|---|-----------------------------------|
| | | | | | | |
| 101 E. KENNEDY BOULEVARD SUITE 2000 TAMPA FL 33802 | | 101 E. KENNEDY BOU SUITE 2000 | 101 E. KENNEDY BOULEVARD | | | |
| | | TAMPA FL 33602 | | | | |
| | | | | | | of Last Report /06/1995 |
| | al Place of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For |
| 21 | | · | 26 | | NOT APPLICABLE | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | 27 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & 5 | State | City & State | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be |
| Ζιρ | Country | Zip | Cour | ntry | 8. This corporation has liability for intangible ta | Added to Fees |
| 24 | 25 | 29 | 30 | • | Florida Statutes Yes XX No | ix 010613 198.032, |
| • | 9. Name and Address of Cu | rrent Registered Agent | | | 10. Name and Address of New Registered | Agent |
| | | | | 81 Name | | |
| BEYE | r, david a. | | | 82 Street Add | ress (P.O. Box Number is Not Acceptable) | |
| 101 E. KENNEDY BLVD | | | | Officer Addi | ress (F.C. Dox Humber is Not Acceptable) | |
| SUITE | 2000 | | | 83 | | |
| TAMP | A FL 33602 | | 1 | B4 City | | 85 Zip Code |
| | 7. | | | ' | FL ration submits this statement for the purpose of cha | |
| SIGNATUR | Signature, typed or printed name of registered a | | OTE Rogistered A | (300) signature regiona | | |
| TITLE | D | AND DIRECTORS DELETE | 13. | · · · · · · · · · · · · · · · · · · · | ADDITIONS/CHANGES TO OFFICERS AND | |
| NAME | BEYER, DAVID A. | [] ((11)) | 1 1 TIT 1 2 NAM | | L | Change Addition |
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| CHY-SI-ZIP | TAMPA FL | | | r-St ZP | | |
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| CITY-ST-7IP TITLE | | DELETE | | r-St ZIP | 7000017332 | } } |
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| STREE! ADDRE | SS | | | EFT ADDRESS | | |
| CITY - ST - 7:P | | | 5.4 C(I) | r ST-ZIF | | |
| TITLE | | ☐ DELETE | 6 1 TiTi | | | Change 🔲 Addition |
| NAME | | | 6.2 NAN | 1= | | |
| STREET ADDRE | SS | | 6.3 STR | EET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 C(T) | '-S1-ZIF | | |

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 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813) 229-2111