**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 19, 1994.**
**AMOUNT DUE ON OR BEFORE 8/19/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

CORPORATION ANNUAL REPORT **1994**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
94 AUG 11 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S94371** **(9)**

1. Corporation Name
**SCARLETT ENTERPRISES, INC.**

Mailing Address
**4185 W HWY 40**
**OCALA FL 34482**

Principal Place of Business
**4185 W HWY 40**
**OCALA FL 34482**

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/15/1991**
3a. Date of Last Report: **05/01/1993**

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

4. FEI Number: **65-0295152** ☐ 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

~~BEN W. FITZGERALD~~ NANCY N. WRIGHT STEPHENS
~~240 B SOUTH WEST 8TH~~ 4185 W Hwy 40
~~OCALA FL 34474~~ Ocala, FL 34482 4095

10. Name and Address of New Registered Agent

81 Name: NANCY N. WRIGHT STEPHENS
82 Street Address (P.O. Box Number is Not Acceptable): 4185 W Hwy 40
83:
84 City: Ocala FL 85 Zip Code: 34482

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: Nancy N Wright Stephens — NANCY N WRIGHT STEPHENS — 8/8/94
Signature, typed or printed name of registered agent and date of execution — (If Registered Agent signature required when initial entry)

| 12. OFFICERS AND DIRECTORS | | 13. CHANGES TO OFFICERS AND DIRECTORS IN '94 |
|---|---|---|
| 11 TITLE | D | |
| 12 NAME | WRIGHT, NANCY | |
| 13 STREET ADDRESS | ~~4185 W SILVER SPRNGS BVD~~ 4185 W Hwy 40 | |
| 14 CITY-ST-ZIP | OCALA FL 34482 4096 | |
| 21 TITLE | | |
| 22 NAME | | |
| 23 STREET ADDRESS | | |
| 24 CITY-ST-ZIP | | |
| 31 TITLE | | |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY-ST-ZIP | | |
| 41 TITLE | | |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY-ST-ZIP | | |
| 51 TITLE | | |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY-ST-ZIP | | |
| 61 TITLE | | |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 be the same as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 13 if changed or added to the report with an address.

SIGNATURE: Nancy N Wright Stephens — NANCY N WRIGHT STEPHENS — 8/8/94
SIGNATURE AND TYPED OR PRINTED NAME OF REMAINING OFFICER OR DIRECTOR