

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

INCORPORATION
STATE OF FLORIDA

1995



FLORIDA DEPARTMENT OF STATE

Charles M. McArthur

GOVERNOR

1000 BANKERS BUILDING

APPROVED
AND
FILED

95 MAY -1 AM 9:15

DOCUMENT # V19014

(2)

SCALLOP COVE G. G. G., INCORPORATED

DEPT. OF STATE
TALLAHASSEE, FLORIDA

SR 1, BOX 403
(5 MILES WEST ON CAPE SAN BLAS ROAD)
PORT ST. JOE FL 32456

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(5 MILES WEST ON CAPE SAN BLAS ROAD)
PORT ST. JOE FL 32456

3. Filing Date of Application	3a. Date of Last Report
03/04/1992	05/01/1994
4. Filing Fee	Applied For Not Applicable
59-3112614	
5. Amount of State Fee	\$8.75 Additional Fee Required
6. Filing Fee Waiver/Financing Fund Fee Waiver/Financing	\$5.00 May Be Added to Fees
7. Filing Fee Waiver/Financing Fund Fee Waiver/Financing	
8. Filing Fee Waiver/Financing Fund Fee Waiver/Financing	
9. Filing Fee Waiver/Financing Fund Fee Waiver/Financing	
10. Filing Fee Waiver/Financing Fund Fee Waiver/Financing	

2. Filing Fee Waiver/Financing Fund Fee Waiver/Financing	2a. Filing Fee Waiver/Financing Fund Fee Waiver/Financing
21. Filing Fee Waiver/Financing Fund Fee Waiver/Financing	26. Filing Fee Waiver/Financing Fund Fee Waiver/Financing
22. Filing Fee Waiver/Financing Fund Fee Waiver/Financing	27. Filing Fee Waiver/Financing Fund Fee Waiver/Financing
23. Filing Fee Waiver/Financing Fund Fee Waiver/Financing	28. Filing Fee Waiver/Financing Fund Fee Waiver/Financing
24. Filing Fee Waiver/Financing Fund Fee Waiver/Financing	29. Filing Fee Waiver/Financing Fund Fee Waiver/Financing
25. Filing Fee Waiver/Financing Fund Fee Waiver/Financing	30. Filing Fee Waiver/Financing Fund Fee Waiver/Financing

9. Name and Address of Current Registered Agent	81. Name
PICKETT, DONALD B. SR 1, BOX 403 5 MILES WEST ON CAPE SAN BLAS ROAD PORT ST. JOE FL 32456	82. Street Address (P.O. Box Number is Not Acceptable)
	83. City
	84. State
	FL 85. ZIP Code

11. Pursuant to the provisions of Sections 607.01, 607.02, and 607.03, Florida Statutes, the undersigned, corporate agent, has, for the purpose of changing its registered office, authorized the undersigned to file this Statement of Change of Registered Office with the Department of State, and to accept the appointment of a registered agent, in accordance with the provisions of Sections 607.01, 607.02, and 607.03, Florida Statutes.

STATEMENT OF CHANGE OF REGISTERED OFFICE AND APPOINTMENT OF A NEW REGISTERED AGENT

12. OFFICERS AND DIRECTORS	13. ADDITIONAL REGISTERED OFFICES AND APPOINTMENT OF A NEW REGISTERED AGENT																																																																																																				
<table border="1"><tr><td>NAME</td><td>PICKETT, DONALD B</td></tr><tr><td>ADDRESS</td><td>HCI BOX 403 NA - CAPE SAN BLAS RD</td></tr><tr><td>CITY</td><td>PORT ST JOE FL</td></tr><tr><td>STATE</td><td>FL</td></tr><tr><td>ZIP CODE</td><td></td></tr><tr><td>NAME</td><td>VST</td></tr><tr><td>ADDRESS</td><td>PICKETT, REBA W</td></tr><tr><td>CITY</td><td>HCI BOX 403 NA - CAPE SAN BLAS RD</td></tr><tr><td>STATE</td><td>FL</td></tr><tr><td>ZIP CODE</td><td></td></tr></table>	NAME	PICKETT, DONALD B	ADDRESS	HCI BOX 403 NA - CAPE SAN BLAS RD	CITY	PORT ST JOE FL	STATE	FL	ZIP CODE		NAME	VST	ADDRESS	PICKETT, REBA W	CITY	HCI BOX 403 NA - CAPE SAN BLAS RD	STATE	FL	ZIP CODE		<table border="1"><tr><td>NAME</td><td></td><td>Change</td><td>Add</td></tr><tr><td>ADDRESS</td><td></td><td></td><td></td></tr><tr><td>CITY</td><td></td><td></td><td></td></tr><tr><td>STATE</td><td></td><td></td><td></td></tr><tr><td>ZIP CODE</td><td></td><td></td><td></td></tr><tr><td>NAME</td><td></td><td></td><td></td></tr><tr><td>ADDRESS</td><td></td><td></td><td></td></tr><tr><td>CITY</td><td></td><td></td><td></td></tr><tr><td>STATE</td><td></td><td></td><td></td></tr><tr><td>ZIP CODE</td><td></td><td></td><td></td></tr><tr><td>NAME</td><td></td><td></td><td></td></tr><tr><td>ADDRESS</td><td></td><td></td><td></td></tr><tr><td>CITY</td><td></td><td></td><td></td></tr><tr><td>STATE</td><td></td><td></td><td></td></tr><tr><td>ZIP CODE</td><td></td><td></td><td></td></tr><tr><td>NAME</td><td></td><td></td><td></td></tr><tr><td>ADDRESS</td><td></td><td></td><td></td></tr><tr><td>CITY</td><td></td><td></td><td></td></tr><tr><td>STATE</td><td></td><td></td><td></td></tr><tr><td>ZIP CODE</td><td></td><td></td><td></td></tr></table>	NAME		Change	Add	ADDRESS				CITY				STATE				ZIP CODE				NAME				ADDRESS				CITY				STATE				ZIP CODE				NAME				ADDRESS				CITY				STATE				ZIP CODE				NAME				ADDRESS				CITY				STATE				ZIP CODE			
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14. I, the undersigned, certify that the information requested and this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.01, Florida Statutes. I further certify that the information is true and correct, and that the undersigned is the owner and operator of the business and that the undersigned is the owner and operator of the business and that the undersigned is the owner and operator of the business.

SIGNATURE:

Donald B. Pickett

Donald B. Pickett

4-15-95

904-229-6916

ORIGINAL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR