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FILED

May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V19014 (2)

1. Corporation Name

SCALLOP COVE G. G. G., INCORPORATED

Principal Place of Business

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

Mailing Address

SR 1, BOX 403  
(5 MILES WEST ON CAPE SAN BLAS ROAD)  
PORT ST. JOE FL 32456-8044



2. Principal Place of Business

21 Same  
Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 4300 Cape San Blas Road  
Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/04/1992

3a. Date of Last Report

04/29/1996

4. FEI Number

59-3112614

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

PICKETT, DONALD B.  
SR 1, BOX 403  
5 MILES WEST ON CAPE SAN BLAS ROAD  
PORT ST. JOE FL 32456

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                 |                                   |                                 |
|-----------------|-----------------------------------|---------------------------------|
| TITLE           | P                                 | <input type="checkbox"/> DELETE |
| NAME            | PICKETT, DONALD B                 |                                 |
| STREET ADDRESS  | HCI BOX 403 NA - CAPE SAN BLAS RD |                                 |
| CITY - ST - ZIP | PORT ST JOE FL                    |                                 |
| TITLE           | VST                               | <input type="checkbox"/> DELETE |
| NAME            | PICKETT, REBA W                   |                                 |
| STREET ADDRESS  | HCI BOX 403 NA - CAPE SAN BLAS RD |                                 |
| CITY - ST - ZIP | PORT ST JOE FL                    |                                 |
| TITLE           |                                   | <input type="checkbox"/> DELETE |
| NAME            |                                   |                                 |
| STREET ADDRESS  |                                   |                                 |
| CITY - ST - ZIP |                                   |                                 |
| TITLE           |                                   | <input type="checkbox"/> DELETE |
| NAME            |                                   |                                 |
| STREET ADDRESS  |                                   |                                 |
| CITY - ST - ZIP |                                   |                                 |
| TITLE           |                                   | <input type="checkbox"/> DELETE |
| NAME            |                                   |                                 |
| STREET ADDRESS  |                                   |                                 |
| CITY - ST - ZIP |                                   |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 6.4 CITY - ST - ZIP |   |

14. I do 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.

SIGNATURE:

Wayne Pickett  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97

Date

904-207-1573

Daytime Phone #

0085233

CR2E034 (9/96)