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FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **APPROVED** PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris AMBUAL REFERT Secretary of Star DIVISION OF CORPORATIONS 1999 99 DEC 10 PM 3:44 **DOCUMENT # V24394** SECRETARY OF STATE TALLAHASSEE, FLORIDA DUNEDIN SCOTTISH, INC. Principal Place of Business Mailing Address 5402 AIRPORT BLVD. 1308 ROCKWOOD DR **TAMPA FL 33634** BRANDON FL 33510 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/27/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3114840 26 Not Applicable \$8.75 Additional Suite Apt #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6, Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation owes the current year Intangible 30 □No 24 25 29 Personal Property Tax. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MCDONALD, DARRYL 82 Street Address (P.O. Box Number is Not Acceptable) 1308 ROCKWOOD DR BRANDON FL 33510 84 City 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 CR2E034 (11/98) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 MILE ☐ Change ☐ Addition MCDONALD, DARRYL NAME 12 NAME 1308 ROCKWOOD DR 13 STREET AODRESS STREET ADDRESS OF DETAIL BRANDON FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 2.1 TITLE TITLE MCDONALD, MARY FRANCES 2.2 NAME NAME 1308 ROCKWOOD DR STREET ADDRESS 2.3 STREET ADDRESS **BRANDON FL** CITY-ST ZIP 2 4 CITY-ST-ZIP ☐ Addition DELETE Change SITTLE TITLE 100003076 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS ****750.00 ****750.00 City-St-ZiP 3.4. CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST-ZIP 6.1 TITLE ☐ DELETE Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

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 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 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 replication is also as a statute of the corporation of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my report as required by Chapter 607. Florida Statutes and that my report is required by Chapter 607. Florida Statutes and that my report is required by Chapter 607. Florida Statutes and that my report is required by Chapter 607. Florida Statutes and that my report is required by Chapter 607.

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