

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
95 APR -7 AM 5:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V39481 (9)

1. Corporation Name
SCA SERVICES INC.

Principal Place of Business
6919 FLAGSTONE DRIVE
OOLTEWAH TN 37363
US

Mailing Address
6919 FLAGSTONE DRIVE
OOLTEWAH TN 37363
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/28/1992
3a. Date of Last Report 05/01/1994

4. FEI Number 59-3130430
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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 must be printed name of registered agent and filed with state office)

(NOTE: Registered Agent signature required when registered agent is changed)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ASPERY, STANLEY
STREET ADDRESS 194 CHURCH STREET
CITY- ST ZIP MARKHAM, ONTARIO
TITLE VP
NAME WOODARD, HARRY
STREET ADDRESS 6919 FLAGSTONE DRIVE
CITY- ST ZIP OOLTEWAH TN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY- ST ZIP
5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY- ST ZIP
9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY- ST ZIP
13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY- ST ZIP
17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY- ST ZIP
21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY- ST ZIP
25. TITLE ☐ Change ☐ Addition
26. NAME
27. STREET ADDRESS
28. CITY- ST ZIP
29. TITLE ☐ Change ☐ Addition
30. NAME
31. STREET ADDRESS
32. CITY- ST ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(6)(b), Florida Statutes. I further certify that the information included 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 on Block 12 or Block 13 of this filing, or on an attachment with my address.

SIGNATURE:

Harry Woodard
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-95 615-238-5888