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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V39481

1. Corporation Name
SCA SERVICES INC.

Principal Place of Business

**6919 FLAGSTONE DRIVE
OOLTEWAH TN 37363
US**

Mailing Address

**6919 FLAGSTONE DRIVE
OOLTEWAY TN 37363
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1992

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

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 **STANLEY ASPERY**

82 Street Address (P.O. Box Number is Not Acceptable)
1390 FORT PICKENS ROAD

83 Suite **111**

84 City **GULF BREEZE**

FL

85 Zip Code
32561

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

Stanley C Aspery
(NOTE: Registered Agent signature required when reinstating)

1-22-99
DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **ASPERY, STANLEY**
STREET ADDRESS **194 CHURCH STREET**
CITY-ST-ZIP **MARKHAM, ONTARIO**

TITLE **VP** ☐ DELETE
NAME **WOODARD, HARRY**
STREET ADDRESS **6919 FLAGSTONE DRIVE**
CITY-ST-ZIP **OOLTEWAH TN**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **1390 FORT PICKENS ROAD SUITE 111**
1.4 CITY-ST-ZIP **GULF BREEZE, FLA 32561**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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, with all other like empowered.

SIGNATURE: **Harry Woodard** Vice Pres
Signature and typed or printed name of signing officer or director

22 JAN 99 **423 238 5888**
Date Daytime Phone #

CR2E034 (11/98)