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**Mar 10 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 # 293433 (9)
1. Corporation Name
SCOTT BRIDGE COMPANY, INC.



Principal Place of Business: **614 SECOND AVE OPELIKA AL 36801 US**
Mailing Address: **PO BOX 2000 OPELIKA AL 36803-2000 US**

3. Date Incorporated or Qualified: **05/28/1965**
3a. Date of Last Report: **04/11/1996**
4. FEI Number: **63-0500583**
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**
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **27**
City & State: **28**
Zip: **24** Country: **25**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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: _____ DATE: _____
Signature type the printed name of registered agent or date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SCOTT, I. J. III	
STREET ADDRESS	614 SECOND AVE	
CITY-ST-ZIP	OPELIKA, AL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SWARTHOUT, GERARD III	
STREET ADDRESS	614 SECOND AVE	
CITY-ST-ZIP	OPELIKA, AL 00000	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	SCOTT, III I	
STREET ADDRESS	614 SECOND AVE	
CITY-ST-ZIP	OPELIKA, AL 00000	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	SCOTT III, I J	
STREET ADDRESS	614 SECOND AVE	
CITY-ST-ZIP	OPELIKA, AL 00000	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	SWARTHOUT, GERARD III	
STREET ADDRESS	614 SECOND AVE	
CITY-ST-ZIP	OPELIKA AL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TERRELL, MICHAEL E	
STREET ADDRESS	614 SECOND AVE	
CITY-ST-ZIP	OPELIKA AL	

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: *Gerard Swarthout* **2/21/97** **(334) 749-5045**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **GERARD SWARTHOUT, III** EXECUTIVE VICE PRESIDENT
Date: _____ Daytime Phone #: _____

CR2E034 (9/96)