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Feb 22, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 293433

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Country 30

3. Date Incorporated or Qualified 05/28/1965	
4. FEI Number 63-0500583	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

FL

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, I. J. III	1.2 NAME	
STREET ADDRESS	614 SECOND AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OPELIKA, AL 00000	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWARTHOUT, GERARD III	2.2 NAME	
STREET ADDRESS	614 SECOND AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OPELIKA, AL 00000	2.4 CITY-ST-ZIP	
TITLE	CEDT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT, III I	3.2 NAME	
STREET ADDRESS	614 SECOND AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OPELIKA, AL 00000	3.4 CITY-ST-ZIP	
TITLE	CEd <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT III, I J	4.2 NAME	
STREET ADDRESS	614 SECOND AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	OPELIKA, AL 00000	4.4 CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWARTHOUT, GERARD III	5.2 NAME	
STREET ADDRESS	614 SECOND AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	OPELIKA AL	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRELL, MICHAEL E	6.2 NAME	
STREET ADDRESS	614 SECOND AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	OPELIKA AL	6.4 CITY-ST-ZIP	

T/D/V
SCOTT, William M
614 Second Ave.
OPELIKA, AL 36801

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: Gerard Swarthout, III 1/5/99 334-749-5045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)