

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 419743

**Entity Name:** SCOGGINS, INC

**Current Principal Place of Business:**

13440 NW 50TH STREET  
CHIEFLAND, FL 32626

**Current Mailing Address:**

13440 NW 50TH STREET  
CHIEFLAND, FL 32626 US

**FEI Number:** 59-1466159

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SCOGGINS, NORMAN MPRES.  
13440 NW 50TH AVENUE  
CHIEFLAND, FL 32626 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** NORMAN SCOGGINS

03/08/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           STD  
Name           SCOGGINS, ANITA FSTD  
Address        13440 NW 50TH AVENUE  
City-State-Zip: CHIEFLAND FL 32626

Title           PD  
Name           SCOGGINS, NORMAN MPD  
Address        13440 NW 50TH AVENUE  
City-State-Zip: CHIEFLAND FL 32626

Title           VPD  
Name           SCOGGINS, VICTOR TVPD  
Address        12951 NW 60TH AVENUE  
City-State-Zip: CHIEFLAND FL 32626

Title           VPD  
Name           SAKOWSKI, TERESA LVPD  
Address        5450 NW 135TH STREET  
City-State-Zip: CHIEFLAND FL 32626

Title           VPD  
Name           PHILMAN, PAMELA AVPD  
Address        13551 NW 50TH AVENUE  
City-State-Zip: CHIEFLAND FL 32626

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** NORMAN SCOGGINS

MBR

03/08/2019

Electronic Signature of Signing Officer/Director Detail

Date