

**2020 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

03/23/2020

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 LVDP  
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

PRESIDENT

03/23/2020

Electronic Signature of Signing Officer/Director Detail

Date