FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F16080** **(6)**

1. Corporation Name

T. C. SKINNER & ASSOC., INC.

Principal Place of Business	Mailing Address
211 SW 4 AVE., STE. 3 P.O. BOX 761 GAINESVILLE FL 32601	211 SW 4 AVE., STE. 3 P.O. BOX 761 GAINESVILLE FL 32601

3. Date Incorporated or Qualified: **01/26/1981**

3a. Date of Last Report: **03/06/1995**

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:

Zip — 29: Country — 30:

4. FEI Number: **59-2165580** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HUDSON, JOHN ST. ELMO, JR
801 SW 29TH PLACE
GAINESVILLE FL

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	EVANS, SAMUEL F.		1.2 NAME	
STREET ADDRESS	RT 1 BOX 1289		1.3 STREET ADDRESS	
CITY-ST-ZIP	MELROSE FL		1.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HUDSON, JOHN E		2.2 NAME	
STREET ADDRESS	801 S W 29 PLACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 00000		2.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HUDSON, ANN M.		3.2 NAME	
STREET ADDRESS	801 SW 29 PLACE		3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-ST-ZIP	
TITLE	VP	☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	EVANS, SAMUEL		4.2 NAME	
STREET ADDRESS	RT. 1 BOX 1289		4.3 STREET ADDRESS	
CITY-ST-ZIP	MELROSE FL		4.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	VIGNOLA, JAMES M.		5.2 NAME	
STREET ADDRESS	426 NW 19TH AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MCLEAN, JR. H		6.2 NAME	
STREET ADDRESS	411 SW 27TH ST		6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 2-23-96 378-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #