FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F16080

(6)

T. C. SKINNER & ASSOC., INC.

P.O. BOX 761 P.O. BOX 761		Mailing Address 211 SW 4 AVE., STE. 3			
			RS20		
OMMEGNIELL	7 L 32307	CHINEOTICE TE DECOTT		3. Date Incorporated or Qualified 01/26/1981	3a. Date of Last Report 03/04/1996
2. Principal F	Sace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2165580	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zipi	Country TE1	Ζφ	Country	8. This corporation has liability for in	
24	25 9. Name and Address of Curre	29 nt Registered Agent	[30]	Florida Statutes 210. Name and Address of New Reg	
HII	DSON, JOHN ST. ELMO, JR		81 Name		
	SW 29TH PLACE		82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
	INESVILLE FL				
			83	•	
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	ites, the above-named cor	poration submits this statement for the p	urgose of changing its registered
office or agent. La	registered agent, or both, in the State am familiar with and accept the oblic	of Florida Such change was pations of Section 607.0505. F	authorized by the corpora florida Statutes.	tion's board of directors. I hereby accep	t the appointment as registered
SIGNATURE	71-1-		A 1/ .	-SECTIONS =	2-12-97
12.	Sign at an impedian pertent cause of regularized as	ent and tille Trapplicable (NO ID DIRECTORS	TE: Registered Agent signature requ	ired when reinstalling) ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
T TLF	P	DELETE	1.1 TITLE	ADDITIONS/OFFARIOES TO OFFICE	Change Addition
NAME	HUDSON, JOHN E		1.2 NAME		,
STREET ADORESS	801 S W 29 PLACE		1.3 STREET ADDRESS		
CITY-ST ZII	GAINESVILLE, FL 00000		1.4 CITY+ST-ZIP		
TETLE	ST	☐ DELETE	2.1 TITLE		Change Addition
NAME	HUDSON, ANN M. 801 SW 29 PLACE		2 2 NAME		
STREET ADDRESS	GAINESVILLE FL		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		ı
TIFLE	VP	DELETE	3.1 TITLE		Change Addition
NAME	VIGNOLA, JAMES M.		3.2 NAME		
SUREFF ADDRESS	426 NW 19TH AVE		3.3 STREET ADDRESS		
City+St+7IP	GAINESVILLE FL	Driere	3.4. CITY-ST-ZIP		Channa Addition
TIME .	D III	DELETE	4.1 TITLE 4. 2 NAME		Change Addition
NAME STREET ADDRESS	MCLEAN, JR. H 411 SW 27TH ST		4.2 NAME 4.3 STREET ADDRESS		
S RECEADURESS	GAINESVILLE FL		4.4 CITY - ST - ZIP		
THILE		DELETE	5 1 TITLE		Change Addition
NAMI			52 NAME		: 1
STREET ADDRESS			5.3 STREET ADDRESS		·
CHY-SI-Ze*		Dr. Ezz	5.4 CITY - ST - ZIP		Charge T Audit-
T ILE		DELETE	6 1 TITLE 6 2 NAME		Change Addition
NAME					

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 14. I do hereby certily that the information supplied with this filling 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

SIGNATURE:

STREET ADDRESS

CR2E034 (9/96)

FILED

Feb 27 1997 8:00am

Secretary of State