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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Feb 20, 1999 8:00 am Secretary of State

1	1999 DIVISION OF CORPORATIONS					02-20-1999 90115 043 ***158.75		
DOCUN 1. Corporation	MENT # F16080)						•
T. C. SKINNER & ASSOC., INC.						A SERVICE MEN MAN ERVEN DEM BEN BERN BERN BIRN BIRN BIRN BIRN BIRN BIRN BIRN BI	1	
Principal Place	of Business	Mailing A	ddress					
211 SW 4 AVE., STE. 3 211 SW 4 AVE., STE. 3								
P.O. BOX 761 P.O. BOX 761							DO NOT WRITE IN THIS SPACE	
GAINESVILLE FL 32601 GAINESVILLE FL 32601							3. Date Incorporated or Qualifed	
							01/26/1981	4
2. Principal Pla	ice of Business	2a. Mailing Address					4. FEI Number Applied For	\exists
21		26					59-2165580 Not Applicabl	<u>=</u>
Suite, Apt. #	, etc.	Suite,	Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required	-
22		27					-6. Election Campaign Financing	
City & State		<u> </u>	City & State				-6. Election Campaign Financing - \$5:00 May Be Trust Fund Contribution Added to Fees	
23	28 Cr			Count			8. This corporation owes the current year Intangible	\neg
Zip				_	,		Personal Property Tax. ☐ Yes ☐ No	
24 25 29 30 30 9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent	_
	Traine and traine			8	B1	Name		
HUDSON, JOHN ST. ELMO, JR 801 SW 29TH PLACE				8	82	Street Add	dress (P.O. Box Number is Not Acceptable)	
								_
GAINESVILLE FL				8	83			
				Ε	84 City 85 Zip C			\neg
					FL			
11. Pursuant t	o the provisions of Sections 607.0	502 and 607.150	08, Florida Statutes	s, the abo	ove- by ti	-named cor he corporat	propriation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	´
agent. I ar	egistered agent, or both, in the State in familiar with, and accept the obliq	gations of, Section	on 607.0505, Flori	da Statut	tes.			
SIGNATURE							ind thee rejectation) DATE	
	Signature, typed or printed name of registered a	gent and title if applica AND DIRECTOR		13.	gent	signature requi	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	P	AND DIRECTOR	DELETE	1.1 TITL	E		☐ Change ☐ Addi	
TITLE				1.2 NAM	ME	1		(
NAME STREET ADDRESS				1.3 STR	REET	ADDRESS		
				1.4 CITY	Y-ST	- ZIP		
CITY-ST-ZIP				2.1 TITL	LE		Change Addi	tion
NAME				2.2 NAM	ME			
STREET ADDRESS				2.3 STR	REET.	ADDRESS		1
CITY-ST-ZIP	GAINESVILLE FL2			2. 4 CIT	2. 4 CITY-ST-ZIP		Change Add	iltion
TITLE	VP DELETE 3			4-3.1 TITL	3.1 TITLE			10001
NAME	VIGINOLA, JANILO IVI.				3.2 NAME			
STREET ADDRESS	426 NW 19TH AVE			3.3 STR	REET	ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL			_	3.4. CITY-ST-ZIP		Change Add	lition
TITLE	D				4.1 TITLE			
NAME	MULEAN, JR. II				4. 2 NAME 4.3 STREET ADDRESS			
STREET ADDRESS	411 SW 27TH ST					Ţ		
CITY-ST-ZIP	ORINCOVILLE I E			_	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Add	lition
TITLE			- December	5.2 NA				
NAME						ADDRESS		1
STREET ADDRESS				5,4 CIT	TY-ST	T-ZIP		
CITY-ST-ZIP TITLE	DELETE 6.				6.1 TITLE		☐ Change ☐ Add	ition
NAME				6.2 NA	ME			
I TOTAL TOTAL				_		1		

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. CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

