

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jun 21 1996 8:00 am
 Secretary of State

DOCUMENT # F95000004844 (5)

1. Corporation Name

SKYLER MEDICAL SUPPLIES, INC.



Principal Place of Business: **600 BARRACKS STREET, STE 210 PENSACOLA FL 32501**
 Mailing Address: **600 BARRACKS STREET, STE 210 PENSACOLA FL 32501**

3. Date Incorporated or Qualified: **09/13/1995** 3a. Date of Last Report
 4. FEI Number: **64-0763903** 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

2. Principal Place of Business: **21 125 W. ROMANA ST**
 Suite, Apt #, etc.: **22 400**
 City & State: **23 PENSACOLA FL**
 Zip: **24 32501** Country: **25 USA**

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
 B1 Name: **ROY C. WILLIAMS**
 B2 Street Address (P.O. Box Number is Not Acceptable): **125 W. ROMANA ST, STE 400**
 B3 City: **PENSACOLA, FL** B4 Zip Code: **32501**

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 reappointing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	<input type="checkbox"/> DELETE	1.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: BELL, SCOTT J		1.2 NAME: ROY C. WILLIAMS	
STREET ADDRESS: 600 SOUTH BARRACKS STREET, STE 210		1.3 STREET ADDRESS: 125 W. ROMANA ST, STE 400	
CITY-ST-ZIP: PENSACOLA FL		1.4 CITY-ST-ZIP: PENSACOLA, FL 32501	
TITLE: D	<input type="checkbox"/> DELETE	2.1 TITLE: P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ST. PE', JERRY		2.2 NAME: BELL, SCOTT J.	
STREET ADDRESS: 600 SOUTH BARRACKS STREET, STE 210		2.3 STREET ADDRESS: 125 W. ROMANA ST., STE 400	
CITY-ST-ZIP: PENSACOLA FL		2.4 CITY-ST-ZIP: PENSACOLA, FL 32501	
TITLE: S	<input type="checkbox"/> DELETE	3.1 TITLE: S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FOSTER, DANA R		3.2 NAME: FOSTER, DANA R.	
STREET ADDRESS: 600 SOUTH BARRACKS STREET, STE 210		3.3 STREET ADDRESS: 125 W. ROMANA ST, STE 400	
CITY-ST-ZIP: PENSACOLA FL		3.4 CITY-ST-ZIP: PENSACOLA, FL 32501	
TITLE: T	<input type="checkbox"/> DELETE	4.1 TITLE: T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: TOLAN JR., JOHN J		4.2 NAME: TOLAN, JOHN J. JR.	
STREET ADDRESS: 600 SOUTH BARRACKS STREET, STE 210		4.3 STREET ADDRESS: 125 W. ROMANA ST., STE 400	
CITY-ST-ZIP: PENSACOLA FL		4.4 CITY-ST-ZIP: PENSACOLA, FL 32501	
TITLE: D	<input type="checkbox"/> DELETE	5.1 TITLE: VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: TREHERN, ED		5.2 NAME: TREHERN, W. EDWARD	
STREET ADDRESS: 600 SOUTH BARRACKS STREET, STE 210		5.3 STREET ADDRESS: 125 W. ROMANA ST, STE 400	
CITY-ST-ZIP: PENSACOLA FL		5.4 CITY-ST-ZIP: PENSACOLA, FL 32501	
TITLE: D	<input type="checkbox"/> DELETE	6.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HOLLOWAY, J L		6.2 NAME: ST. PE', JERRY	
STREET ADDRESS: 600 SOUTH BARRACKS STREET, STE 210		6.3 STREET ADDRESS: 125 W. ROMANA ST, STE 400	
CITY-ST-ZIP: PENSACOLA FL		6.4 CITY-ST-ZIP: PENSACOLA, FL 32501	

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96

904-432-0650

CR2E034 (3/96)