

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

FILED

Jan 28 1997 8:00am
Secretary of State



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

PROFIT CORPORATION
ANNUAL REPORT
1997

DOCUMENT # P96000085827 (9)

1. Corporation Name
SKYLER ALABAMA, INC.



Principal Place of Business Mailing Address
ONE PENSACOLA PLAZA ONE PENSACOLA PLAZA
125 WEST ROMANA ST., SUITE 400 125 WEST ROMANA ST., SUITE 400
PENSACOLA FL 32501 PENSACOLA FL 32501-5847

3. Date Incorporated or Qualified 10/17/1996
3a. Date of Last Report
4. FEI Number 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 :25 29 30

9. Name and Address of Current Registered Agent
CAMPBELL, JAMES S
3 WEST GARDEN ST.
SUITE 700
PENSACOLA FL 32501

10. Name and Address of New Registered Agent
81 Name BELL, SCOTT J.
82 Street Address (P.O. Box Number is Not Acceptable)
125 W. ROMANA STREET
83 SUITE 400
84 City PENSACOLA FL 85 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: *Scott J. Bell* President - Scott J. Bell 1/15/97
Signature, typed or printed name of new registered agent and his title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BELL, SCOTT J	
STREET ADDRESS	125 W. ROMANA ST. #400	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ST. PE', GERALD	
STREET ADDRESS	1000 LITTON ACCESS RD.	
CITY-ST-ZIP	PASCAGOULA MS 39567	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, ROY C	
STREET ADDRESS	711 DELMAS AVE.	
CITY-ST-ZIP	PASCAGOULA MS 39567	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOSTER, DANA R	
STREET ADDRESS	125 W. ROMANA ST. #400	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOLAN, JOHN J JR.	
STREET ADDRESS	125 W. ROMANA ST., #400	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLLOWAY, J.L.	
STREET ADDRESS	2372 HIGHWAY 80 WEST	
CITY-ST-ZIP	JACKSON MS 39204	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BELL, SCOTT J.	
1.3 STREET ADDRESS	125 W. ROMANA ST, STE 400	
1.4 CITY-ST-ZIP	PENSACOLA, FL 32501	
2.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ST. PE', GERALD	
2.3 STREET ADDRESS	125 W. ROMANA ST, STE 400	
2.4 CITY-ST-ZIP	PENSACOLA, FL 32501	
3.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WILLIAMS, ROY C.	
3.3 STREET ADDRESS	125 W. ROMANA ST, STE 400	
3.4 CITY-ST-ZIP	PENSACOLA, FL 32501	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FOSTER, DANA R.	
4.3 STREET ADDRESS	125 W. ROMANA ST STE 400	
4.4 CITY-ST-ZIP	PENSACOLA, FL 32501	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TOLAN, JOHN J. JR.	
5.3 STREET ADDRESS	125 W. ROMANA ST, STE 400	
5.4 CITY-ST-ZIP	PENSACOLA, FL 32501	
6.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	HOLLOWAY, J.L.	
6.3 STREET ADDRESS	125 W. ROMANA ST, STE 400	
6.4 CITY-ST-ZIP	PENSACOLA, FL 32501	

14. I do 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.

SIGNATURE: *Scott J. Bell* President 1/14/97 904-432-0650
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CFR2E034 (9/96)