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Feb 27, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000071846

1. Corporation Name
SKYLER TALLAHASSEE, INC.



Principal Place of Business 125 WEST ROMANA STREET ONE PENSACOLA PLAZA, SUITE 400 PENSACOLA FL 32501	Mailing Address 125 WEST ROMANA STREET ONE PENSACOLA PLAZA, SUITE 400 PENSACOLA FL 32501
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/19/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3489761	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BELL, SCOTT J
 125 WEST ROMANA STREET
 ONE PENSACOLA PLAZA, SUITE 400
 PENSACOLA FL 32501

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BELL, SCOTT J	
STREET ADDRESS	125 WEST ROMANA STREET #400	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ST. PE', GERALD	
STREET ADDRESS	1000 LITTON ACCESS ROAD	
CITY-ST-ZIP	PASCAOULA MS 39567	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, ROY C	
STREET ADDRESS	711 DELMAS AVENUE	
CITY-ST-ZIP	PASCAOULA MS 39567	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOSTER, DANA R	
STREET ADDRESS	125 WEST ROMANA STREET	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOLAN, JOHN J JR	
STREET ADDRESS	125 WEST ROMANA STREET	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	125 W. ROMANA ST, STE 400
2.4 CITY-ST-ZIP	PENSACOLA, FL 32501
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	125 W. ROMANA ST., STE 400
3.4 CITY-ST-ZIP	PENSACOLA, FL 32501
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	125 W. ROMANA ST, STE 400
6.4 CITY-ST-ZIP	PENSACOLA, FL 32501

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.

SIGNATURE: _____ **SIGNATURE REQUIRED** **1/12/99** **850-432-0650**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)