

MAY 1ST IS \$550.00

FILED  
Feb 12, 1999 8:00am  
Secretary of State

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

02-12-1999 90024 015 \*\*\*\*158.75

1999  
Annual Profit Report  
DOCUMENT # P97000103119

1. Corporation Name

SKYLER PREMIER, INC.

Principal Place of Business

125 WEST ROMANA STREET #400  
ONE PENSACOLA PLAZA  
PENSACOLA FL 32501

Mailing Address

125 WEST ROMANA STREET #400  
ONE PENSACOLA PLAZA  
PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1997

4. FEI Number

59-3481850

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 owes the current year Intangible  
Personal Property Tax.

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

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMPBELL, JAMES S  
BEGGS & LANE  
3 WEST GARDEN STREET #700  
PENSACOLA FL 32501

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D [ ] DELETE  
NAME BELL, SCOTT J  
STREET ADDRESS 125 WEST ROMANA STREET #400  
CITY-ST-ZIP PENSACOLA FL 32501

1.1 TITLE [ ] Change [ ] Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D [ ] DELETE  
NAME FOSTER, DANA R  
STREET ADDRESS 125 WEST ROMANA STREET #400  
CITY-ST-ZIP PENSACOLA FL 32501

2.1 TITLE [ ] Change [ ] Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D [ ] DELETE  
NAME HOLLOWAY, J L  
STREET ADDRESS 2372 HIGHWAY 80 WEST  
CITY-ST-ZIP JACKSON MS 39204

3.1 TITLE [ ] Change [ ] Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D [ ] DELETE  
NAME ST. PE, GERALD  
STREET ADDRESS 1000 LITTON ACCESS ROAD  
CITY-ST-ZIP PASCAGOULA MS 39567

4.1 TITLE [ ] Change [ ] Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D [ ] DELETE  
NAME TOLAN, JOHN J JR  
STREET ADDRESS 125 WEST ROMANA STREET #400  
CITY-ST-ZIP PENSACOLA FL 32501

5.1 TITLE [ ] Change [ ] Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D [ ] DELETE  
NAME TREHERN, W E  
STREET ADDRESS 2957 MARKET STREET  
CITY-ST-ZIP PASCAGOULA MS 39567

6.1 TITLE [ ] Change [ ] Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99

Date

850-432-0650

Daytime Phone #

CR2E034 (11/98)