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

FILED PROFIT FLORIDA DEPARTMENT OF STATE Feb 03 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # H50087 (6)A. C. SKINNER COMPANY Principal Place of Business Mailing Address 6803 OLD KINGS RD SO 6803 OLD KINGS RD SO JACKSONVILLE FL 32217 JACKSONVILLE FL 32217 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/02/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2507336 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 29 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HOLBROOK, H. LEON 81 2301 INDEPENDENT SQUARE 82 Street Address (P.O. Box Number is Not Acceptable) ONE INDEPENDENT DR. JACKSONVILLE FL 32202 83 84 Zip Code 85 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 reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change Addition 1.1 TITLE SKINNER, A. C., JR. NAME 1.2 NAME 6803 OLD KINGS RD. S. STREET ADDRESS 1.3 STREET ADORESS JACKSONVILLE FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change 2.1 TITLE Addition SKINNER, A.C., JR. NAME 2.2 NAME 6803 OLD KINGS RD S. STREET ADDRESS 2,3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETÉ TITT F 3.1 TITLE Change Addition SKINNER, CHRISTOPHER F. NAME 3.2 NAME 6803 OLD KINGS RD S. STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition SKINNER, DAVID G NAME 4. 2 NAME 6803 OLD KINGS ROAD \$ STREET ADDRESS 4.3 STREET ADDRESS JACKSONVILLE FL CITY - ST - ZIP 4.4 CITY - ST- ZIP TITLE DELETE Change Addition 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change ___ Addition NAME 6.2 NAME STREET ADDRESS

6.3 STREET ADDRESS

David G. Skinner

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.

Pavid G. Skinner

CITY - ST - ZIP

SIGNATURE:

CR2E034

1-28-98 (904)731-4818