

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **228811** (6)
1. Corporation Name
THE CHARLES SKINNER COMPANY



Principal Place of Business Mailing Address
THE CHARLES SKINNER COMPANY
6700 SOUTHPOINT PKWY. #510
JACKSONVILLE FL 32216
US

THE CHARLES SKINNER COMPANY
P.O. BOX 551112
JACKSONVILLE FL 32255-1112
US

3. Date Incorporated or Qualified **10/08/1959** 3a. Date of Last Report **04/07/1995**
4. FLI Number **59-0879231** 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 **4114 Herschel St.** 26 **SAME**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 119** 27
City & State City & State
23 **JACKSONVILLE** 28
Zip Country Zip Country
24 **32210** 25 **DUVAL** 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SKINNER, CHARLES W.
6700 SOUTHPOINT PKWY
SUITE 510
JACKSONVILLE FL 32216

81 Name **Charles W. Skinner**
82 Street Address (P.O. Box Number is Not Acceptable) **4114 Herschel St.**
83 **Suite 119**
84 City **Jacksonville** FL 85 Zip Code **32210**

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 *Charles W. Skinner*
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-registering)

2/10/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	PS SKINNER, CHARLES W.	6700 SOUTHPOINT PKWY. #510	JACKSONVILLE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1	1.1 NAME	1.2	1.3	<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.1 NAME	2.2	2.3	<input type="checkbox"/>	<input type="checkbox"/>
3.1	3.1 NAME	3.2	3.3	<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.1 NAME	4.2	4.3	<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.1 NAME	5.2	5.3	<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.1 NAME	6.2	6.3	<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE: *Charles W. Skinner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96 **924-388-0895**
Date Daytime Phone #

CR2E034 (12/95)