

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

FILED
Mar 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 456769 (9)
1. Corporation Name
SKINNER CONSTRUCTION CO.

Principal Place of Business 10707 OKEECHOBEE ROAD PO BOX 732 FT PIERCE FL 34954	Mailing Address 10707 OKEECHOBEE ROAD PO BOX 732 FT PIERCE FL 34954
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/10/1974	
21		26		4. FEI Number 59-1545181	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SKINNER, M.D. 10707 OKEECHOBEE ROAD FT. PIERCE FL 34945				10. Name and Address of New Registered Agent 81 Name SKINNER SARAH 82 Street Address (P.O. Box Number is Not Acceptable) 10707 OKEECHOBEE ROAD 83 84 City FT PIERCE FL 85 Zip Code 34945			
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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 *Sarah Skinner* SARAH SKINNER 3/2/98
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	PD	DELETED	1.1 TITLE	Change Addition			
NAME	SKINNER, M.D.		1.2 NAME				
STREET ADDRESS	10707 OKEECHOBEE ROAD		1.3 STREET ADDRESS				
CITY-ST-ZIP	FT. PIERCE FL		1.4 CITY-ST-ZIP				
TITLE	S	DELETED	2.1 TITLE	P/S/T/D Change Addition			
NAME	SKINNER, SARAH		2.2 NAME				
STREET ADDRESS	10707 OKEECHOBEE ROAD		2.3 STREET ADDRESS				
CITY-ST-ZIP	FT. PIERCE FL		2.4 CITY-ST-ZIP				
TITLE	V	DELETED	3.1 TITLE	V/P Change Addition			
NAME	SKINNER, M. D. JR.		3.2 NAME				
STREET ADDRESS	10707 OKEECHOBEE ROAD		3.3 STREET ADDRESS				
CITY-ST-ZIP	FT. PIERCE FL		3.4 CITY-ST-ZIP				
TITLE		DELETED	4.1 TITLE	Change Addition			
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETED	5.1 TITLE	Change Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETED	6.1 TITLE	Change Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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.

SIGNATURE *Sarah Skinner* 3/2/98

CR2E034 (10/97)