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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **858016** (9)

1. Corporation Name
HOWARD SKELTON ASSOCIATES, INC.

Principal Place of Business Mailing Address
3333 W. KENNEDY BLVD #204 TAMPA FL 33609 **3333 W. KENNEDY BLVD #204 TAMPA FL 33609**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/05/1983** 3a. Date of Last Report **04/29/1994**

2. Principal Place of Business 21 1748 Independence Blvd		2a. Mailing Address 26 1748 Independence Blvd		4. FEI Number 58-1256711		Applied For Not Applicable	
22 Suits, Apt. #, etc. F-6		27 Suits, Apt. #, etc. F-6		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State Sarasota, FL		28 City & State Sarasota, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 34234		25 Country Sarasota		29 Zip 34234		30 Country Sarasota	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

SKELTON, HOWARD
3333 W. KENNEDY BLVD #204
TAMPA FL 33609

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1748 Independence Blvd.
83
F-6
84 City
Sarasota 85 Zip Code
FL 34234

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 registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKELTON, HOWARD C.	1.2 NAME	
STREET ADDRESS	770 S. PALM AVE., #501	1.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	1.4 CITY - ST - ZIP	
TITLE	DST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKELTON, WINIFRED K.	2.2 NAME	
STREET ADDRESS	770 S. PALM AVE., #501	2.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(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: Howard C Skelton **HOWARD C. SKELTON** Date 1/28/95 (1/3) 95 59-266 0