

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 858016 (9)

1. Corporation Name

HOWARD SKELTON ASSOCIATES, INC.



Principal Place of Business

Mailing Address

1748 INDEPENDENCE BLVD
F-6
TAMPA FL 34234
US

1748 INDEPENDENCE BLVD
F-6
SARASOTA FL 34234
US

3. Date Incorporated or Qualified

10/05/1983

3a. Date of Last Report

05/01/1995

4. FEI Number

58-1256711

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

21 4881 TIVOLI AVE

Suite, Apt. #, etc

22 SARASOTA, FL

City & State

23

24 34235

Country

25 USA

2a. Mailing Address

26 4881 TIVOLI AVE

Suite, Apt. #, etc

27 SARASOTA, FL

City & State

28

29 34235

Country

30 US

9. Name and Address of Current Registered Agent

SKELTON, HOWARD
3333 W. KENNEDY BLVD #204
TAMPA FL 34234

10. Name and Address of New Registered Agent

81 Name WINIFRED K SKELTON

82 Street Address (P.O. Box Number is Not Acceptable)
4881 TIVOLI AVENUE

83 SARASOTA

84 City

FL

85

Zip Code

34235

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

WINIFRED K. SKELTON AUG 3, 1996

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SKELTON, HOWARD C.
STREET ADDRESS 770 S. PALM AVE., #501
CITY-ST-ZIP SARASOTA FL

TITLE DST
NAME SKELTON, WINIFRED K.
STREET ADDRESS 770 S. PALM AVE., #501
CITY-ST-ZIP SARASOTA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME WINIFRED K SKELTON
1.3 STREET ADDRESS 4881 TIVOLI AVE
1.4 CITY-ST-ZIP SARASOTA, FL 34235

2.1 TITLE DST
2.2 NAME HOWARD C SKELTON
2.3 STREET ADDRESS 4881 TIVOLI AVENUE
2.4 CITY-ST-ZIP SARASOTA, FL 34235

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 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 617, 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 AUG 3, 1996 355-9191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Expiry Date

CR2E034 (3/96)