

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90049 044 \*\*\*150.00

DOCUMENT # **G33240**

1. Corporation Name

**SKINNER PROPERTIES, INC.**

Principal Place of Business

Mailing Address

2975 BEE RIDGE ROAD  
SUITE C  
SARASOTA FL 34239  
US

2975 BEE RIDGE ROAD  
SUITE C  
SARASOTA FL 34239  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/14/1983**

2. Principal Place of Business

2a. Mailing Address

21 C/O CHRISTIANSEN & DEHNER, P.A.

26 C/O CHRISTIANSEN & DEHNER, P.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 63 SARASOTA CENTER BLVD SUITE 107

27 63 SARASOTA CENTER BLVD SUITE 107

City & State

City & State

23 SARASOTA FL

28 SARASOTA FL

Zip

Country

24 34240

25 US

Zip

Country

29 34240

30 US

4. FEI Number

**59-2312750**

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHRISTIANSEN & DEHNER, P. A.  
2975 BEE RIDGE ROAD  
SUITE C  
SARASOTA FL 34239

81 Name

CHRISTIANSEN & DEHNER, P.A.

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

63 SARASOTA CENTER BLVD SUITE 107

83

84 City  
SARASOTA

FL

85 Zip Code  
34240

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]*  
Signature, typed or printed name of registered agent and title if applicable.

V.P. SCOTT R. CHRISTIANSEN

3/22/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTS ☐ DELETE  
NAME SKINNER, PAUL M  
STREET ADDRESS 763 CLEARVIEW CRESCENT  
CITY-ST-ZIP LONDON, ONTARIO N6H 4P

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05-GR2E034-(4/1/98)