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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

J99157

(6)

THE	SKINNER	GROUP.	INC.
	CIMITELL	ulloui i	1110

Principal Place of Business	Måiling Address
3755 HUNT CLUB ROAD JACKSONVILLE FL 32216	3755 HUNT CLUB RD JACKSONVILLE FL 32224 US

|--|--|--|--|--|

3a. Date of Last Report

07/11/1995

3. Date Incorporated or Qualified

10/15/1987

2. Francipal	Place of Business	2a. M	lailing Address			4. FEI Number	Applied For	
26				59-2850873	Not Applicable			
Suite. Apt. #, etc. Suite, Apt. #, etc. 22 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & St	tate	28	ily & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ζφ 24	Country 25	29	ρ 30	Contry		8. This corporation has liability for intangent of the Florida Statutes Yes	-	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
				81	Name			
	lbrook, kathleen f. Di independent sq.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
ONE INDEPENDENT DR.			83					
JACKSONVILLE FL 32202				84			FL 85 Zip Code	
or regis	nt to the provisions of Sections 607.0 stered agent, or both, in the State of F with, and accept the obligations of, S	Horida. Such ch	hange was authorized by	ab ve- the corp	named corpora oration's board	ation submits this statement for the purpose d of directors. I hereby accept the appointm	e of changing its registered office nent as registered agent. I am	
SIGNIATURE	ſ							

SIGNATURE	grations. Typical or printed manie of negistered agent and titual flapplicable) (NOTE Bag	gistere Agent signature re	quired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN			
TITLE	D	☐ DELFTE	1. 1 TEE		☐ Change	☐ Addition
NAME	SKINNER, C. BRIGHTMAN,JR	:	1.2 SME			
STREET ADDRESS	3755 HUNT CLUB ROAD		1.3 F REFT ADDRESS			
City-S1-2iP	JACKSONVILLE FL		1.4 TY-ST-ZIP			
TILLE		DELETE	2.1 ITLE		Change	■ Addition
NAME			22 AME			
SABELL ADDRESS			2 3 STREET ADDRESS			
CITY ST ZIF			2.4 CITY-ST-ZIP			
TILE		DELETE	3. 1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CHY-ST-ZiP			3.4 CITY - ST - ZIP			
TIT, F		DELETE	4. 1 TITLE		☐ Change	☐ Addition
NAM			4.2 NAME			
STREET ADORESS			4.3 STREET ADDRESS			
CHY ST ZIP			4.4 CITY - ST - ZIP			
DISE		DELETE	5. 1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STELL LADDRESS			5 3 STREET ADDRESS			
CHY-ST ZIP			5.4 CITY - \$1 - ZIP			
THUE		☐ DELF1E	6. 1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CHY-SI-7P			6 4 CITY - \$1 - 71P			

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: L.B. Stunied NAME SIGNING OFFICER OR DIRECTOR

904-223-5596