

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 MAY -1 AM 7:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K80537 (9)

1. Corporation Name

PARKER, SKELDING, LABASKY & CORRY, A PROFESSIONAL ASSOCIATION

Principal Place of Business

Mailing Address

PO BOX 669
TALLAHASSEE FL 32302-0527

PO BOX 669
TALLAHASSEE FL 32302-0527

3. Date Incorporated or Qualified	3a. Date of Last Report
04/14/1989	05/01/1996
4. FEI Number	Applied For
59-2978610	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SKELDING, JACK M., JR.
318 N MONROE ST
TALLAHASSEE FL 32302

81 Name

82 Street Address (P.O. Box Number is Not Applicable)
318 N MONROE ST
TALLAHASSEE FL 32302

83

****165.00 ****165.00

84 City

FL

85 Zip Code

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, type 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 D ☐ DELETE
NAME SWEDMARK, GAYLE
STREET ADDRESS 1887 OX BOTTOM ROAD
CITY-ST-ZIP TALLAHASSEE FL

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME William W. Corry
1.3 STREET ADDRESS 318 N. Monroe St.
1.4 CITY-ST-ZIP Tallahassee, FL 32302

TITLE D ☐ DELETE
NAME EASTMAN, DAVID D.
STREET ADDRESS 1008 GROVELAND HILLS DR.
CITY-ST-ZIP TALLAHASSEE FL

2.1 TITLE D/DY ☐ Change ☒ Addition
2.2 NAME Stephen W. Metz
2.3 STREET ADDRESS 318 N. Monroe St.
2.4 CITY-ST-ZIP Tallahassee, FL 32302

TITLE D ☐ DELETE
NAME HAUSER, JAMES C.
STREET ADDRESS 232 ROSEHILL DRIVE NORTH
CITY-ST-ZIP TALLAHASSEE FL

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

TITLE D ☐ DELETE
NAME JOLLY, JOHN W. J.
STREET ADDRESS 1279 REDFIELD ROAD
CITY-ST-ZIP TALLAHASSEE FL

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

TITLE D/P Jack M. Skelding, Jr. ☐ DELETE
NAME 318 N. Monroe St. ☒ Director
STREET ADDRESS Tallahassee, FL 32302

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

TITLE D/S Ronald A. Labasky ☐ DELETE
NAME 318 N. Monroe St. ☒ Secretary
STREET ADDRESS Tallahassee, FL 32302

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97 (904) 222-3730

CR2E034 (9/96)