

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
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90111 016 ***150.00

DOCUMENT # K80537

1. Corporation Name

SKELDING, LABASKY, CORRY, ~~EASTMAN~~, HAUSER, JOLLY
& METZ, A PROFESSIONAL ASSOCIATION

Principal Place of Business

P. O. BOX 669
TALLAHASSEE FL 32302-0527
US

Mailing Address

P. O. BOX 669
TALLAHASSEE FL 32302-0527
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1989

4. FEI Number

59-2978610

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ 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 Acceptable)

83

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, typed 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 D-Stephen W. Metz ☐ Change ☒ Addition

1.2 NAME 318 N. Monroe St.
1.3 STREET ADDRESS Tallahassee, FL
1.4 CITY-ST-ZIP

TITLE D ☒ DELETE

NAME EASTMAN, DAVID D
STREET ADDRESS 1006 GROVELAND HILLS DR.
CITY-ST-ZIP TALLAHASSEE FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME HAUSER, JAMES C
STREET ADDRESS 6568 HEARTLAND CIR.
CITY-ST-ZIP TALLAHASSEE FL 32312

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 318 N. MONROE ST
CITY-ST-ZIP TALLAHASSEE FL 32302

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DP ☐ DELETE

NAME SKELDING, JACK M JR.
STREET ADDRESS 318 N. MONROE ST.
CITY-ST-ZIP TALLAHASSEE FL 32302

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DS ☐ DELETE

NAME LABASKY, RONALD A
STREET ADDRESS 318 N. MONROE ST.
CITY-ST-ZIP TALLAHASSEE FL 32302

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 #

CR2E034 (11/98)