CORPORATION
ANNUAL REPORT
1995

Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 5:22

DOCUMENT # M66086 (3)

1. Corporation Name
SKINNER HORIZONTAL UTILITIES SERVICE, INC.

Principal Place of Business	Mailing Address
RT. 1. BOX 679D (C119) BRYCEVILLE FL 32009	RT. 1. BOX 679D (C119) BRYCEVILLE FL 32009

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/25/1988
3a. Date of Last Report: 03/01/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 PO Box 209
Suite, Apt. #, etc
27
City & State
28 Bryceville FL
Zip 29 32009 Country 30

4. FEI Number: 59-2865997 ☐ 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

9. Name and Address of Current Registered Agent

SKINNER, LARRY DOUGLAS
ROUTE 1, BOX 679D (C119)
BRYCEVILLE FL 32009

10. Name and Address of New Registered Agent

81 Name LARRY Douglas Skinner
82 Street Address (P.O. Box Number is Not Acceptable) Rt 1 Box 609, CR 121
83
84 City Bryceville FL 85 Zip Code 32009

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☒ Change ☐ Addition
NAME	SKINNER, LARRY DOUGLAS	12 NAME	Skinner, LARRY Douglas	
STREET ADDRESS	RT 1 BOX 679D	13 STREET ADDRESS	Rt 1 Box 609 CR 121	
CITY-ST-ZIP	BRYCEVILLE FL	14 CITY-ST-ZIP	Bryceville, FL 32009	
TITLE	ST	21 TITLE	ST	☒ Change ☐ Addition
NAME	SKINNER, FRANCES REBECCA	22 NAME	Skinner, Frances Rebecca	
STREET ADDRESS	RT 1 BOX 679D	23 STREET ADDRESS	Rt 1 Box 609 CR 121	
CITY-ST-ZIP	BRYCEVILLE FL	24 CITY-ST-ZIP	Bryceville, FL 32009	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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.

SIGNATURE: Frances R. Skinner Frances R. Skinner 3/14/1995 04 266 4320
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Telephone Number

0400680 FP