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May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

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	P O BOX 209 BRYCEVILLE FL 32009 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1350 E. Macclenny Ave.	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Macclenny, FL	City & State 28
Zip 24 32063 / County 25 Baker	Zip 29 / Country 30

3. Date Incorporated or Qualified: 01/25/1988

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LARRY DOUGLAS SKINNER
RT 1 BOX 610
CR 121
BRYCEVILLE FL 32009

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SKINNER, LARRY DOUGLAS	1.2 NAME	
STREET ADDRESS	RT J BOX 610,CR 121	1.3 STREET ADDRESS	RT 1 BOX 610 (CR121)
CITY-ST-ZIP	BRYCEVILLE FL	1.4 CITY-ST-ZIP	Bryceville, Fl 32009
TITLE	ST ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SKINNER, FRANCES REBECCA	2.2 NAME	
STREET ADDRESS	RT 1 BOX 610, CR 121	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRYCEVILLE FL	2.4 CITY-ST-ZIP	Bryceville, Fl 32009
TITLE	VP ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SKINNER, DANIEL LAMAR	3.2 NAME	
STREET ADDRESS	RT 1 BOX 771	3.3 STREET ADDRESS	
CITY-ST-ZIP	STARKE FL	3.4 CITY-ST-ZIP	Starke, FL 32091
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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.

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