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FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90096 042 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M70217

1. Corporation Name

ROBERT J. SKIDMORE, INC.

Principal Place of Business

400 NW ALICE AVENUE  
STUART FL 34994

Mailing Address

400 NW ALICE AVENUE  
STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1988

4. FEI Number

65-0109397

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

STONE, ROBERT E.  
333 SEVENTEENTH ST.  
SUITE 2D  
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name

ROBERT

82 Street Address (P.O. Box Number is Not Acceptable)

1647 INDIAN RIVER DR

83

84 City

SEBASTIAN

FL

85 Zip Code

32958

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 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/19/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SKIDMORE, ROBERT J., SR	
STREET ADDRESS	400 NW ALICE AVE	
CITY-ST-ZIP	STUART FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	SKIDMORE, PAULETTE	
STREET ADDRESS	400 NW ALICE AVE	
CITY-ST-ZIP	STUART FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROBERT L. TAYLOR	
1.3 STREET ADDRESS	1140 U.S. HWY 1	
1.4 CITY-ST-ZIP	SEBASTIAN FL 32958	
2.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROBERT BRAMEREL	
2.3 STREET ADDRESS	1647 INDIAN RIVER DR	
2.4 CITY-ST-ZIP	SEBASTIAN FL 32958	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: ROBERT SKIDMORE RE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/19/99 561-388-0011

CR2E034 (1/198)