

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

FILED
Apr 09 1997 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|



DOCUMENT # M71013 (0)
 1. Corporation Name
ROY C. SKELTON, P.A.

| | |
|---|--|
| Principal Place of Business 26133 U.S. 19 NORTH SUITE 310 CLEARWATER FL 34623 | Mailing Address 26133 U.S. 19 NORTH SUITE 310 CLEARWATER FL 34623-2017 |
|---|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 03/06/1988 | 3a. Date of Last Report 04/10/1996 |
| 4. FEI Number 65-0071977 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 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 21 28050 U.S. 19 North Suite Apt. # etc. | 2a. Mailing Address 26 28050 U.S. 19 North Suite, Apt. #, etc. |
| 22 Suite 208 City & State | 27 Suite 208 City & State |
| 23 Clearwater, FL Zip Country | 28 Clearwater, FL Zip Country |
| 24 34621 25 Pinellas | 29 34621 30 Pinellas |

9. Name and Address of Current Registered Agent
**SKELTON, ROY C.
 26133 US 19 N, STE 310
 CLEARWATER FL 34623**

10. Name and Address of New Registered Agent
 B1 Name **Roy C. Skelton**
 B2 Street Address (P.O. Box Number is Not Acceptable)
28050 U.S. 19 North
 B3 **Suite 208**
 B4 City **Clearwater** B5 Zip Code **FL 34621**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|-----------------|--|
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | SKELTON, ROY C. |
| STREET ADDRESS | 26133 US 19 N #310 |
| CITY - ST - ZIP | CLEARWATER 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 | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | Roy C. Skelton |
| 1.3 STREET ADDRESS | 28050 U.S. 19 North, Suite 208 |
| 1.4 CITY - ST - ZIP | Clearwater, FL 34621 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 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 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 if changed, or on an attachment with an address.

SIGNATURE: Roy C. Skelton Date: 4/3/97 Daytime Phone #: 813-791-8810

CR2E094 (9/96)