


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 <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <b>M71013</b> (0)		
1. Corporation Name <b>ROY C. SKELTON, P.A.</b>		



Principal Place of Business <b>26133 U.S. 19 NORTH SUITE 310 CLEARWATER FL 34623</b>	Mailing Address <b>26133 U.S. 19 NORTH SUITE 310 CLEARWATER FL 34623-2017</b>
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2. Principal Place of Business 21 <b>28050 U.S. 19 North</b> Suite Apt. # etc.		2a. Mailing Address 26 <b>28050 U.S. 19 North</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>03/08/1988</b>	3a. Date of Last Report <b>04/10/1996</b>
22 <b>Suite 208</b> City & State		27 <b>Suite 208</b> City & State		4. FEI Number <b>65-0071977</b>	Applied For Not Applicable
23 <b>Clearwater, FL</b> Zip Country		28 <b>Clearwater, FL</b> Zip Country		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24 <b>34621</b> 25 <b>Pinellas</b>		29 <b>34621</b> 30 <b>Pinellas</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
g. Name and Address of Current Registered Agent <b>SKELTON, ROY C. 26133 US 19 N, STE 310 CLEARWATER FL 34623</b>				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
				10. Name and Address of New Registered Agent	

81 Name <b>Roy C. Skelton</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>28050 U.S. 19 North</b>
83 <b>Suite 208</b>
84 City <b>Clearwater</b>
85 Zip Code <b>FL 34621</b>

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 <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>Roy C. Skelton</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SKELTON, ROY C.</b>		1.2 NAME	
STREET ADDRESS <b>28133 US 19 NO #310</b>		1.3 STREET ADDRESS <b>28050 U.S. 19 North, Suite 208</b>	
CITY-ST-ZIP <b>CLEARWATER FL</b>		1.4 CITY-ST-ZIP <b>Clearwater, FL 34621</b>	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/97

Date

813-791-8810

Daytime Phone #

CR2E034 (9/96)