

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P20203 (6)

1. Corporation Name

THE SKILLMAN CORPORATION

Principal Place of Business

Mailing Address

3834 SOUTH EMERSON AVE.
INDIANAPOLIS IN 46203

3834 SOUTH EMERSON AVE.
INDIANAPOLIS IN 46203



3. Date Incorporated or Qualified
07/25/1988

3a. Date of Last Report
02/06/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
35-1278225

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 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)

(If title of registered agent is signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SKILLMAN, HAROLD A.
STREET ADDRESS 8158 DEAN RD
CITY-ST-ZIP INDIANAPOLIS IN

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE V
NAME KOENES, LARRY
STREET ADDRESS 1873 ARCHIES CT
CITY-ST-ZIP FRANKLIN IN

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ST
NAME TAPP, MICHAEL J
STREET ADDRESS 565 OAKRIDGE WAY
CITY-ST-ZIP GREENWOOD IN

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE V
NAME DAVIS, CHARLES F.
STREET ADDRESS 1051 COUNTRY LANE RD.
CITY-ST-ZIP GREENFIELD IN

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE VD
NAME SKILLMAN, BARBARA J.
STREET ADDRESS 8158 DEAN RD
CITY-ST-ZIP INDIANAPOLIS IN

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE V
NAME FINDLEY, JACK E.
STREET ADDRESS 6691 W 100 S
CITY-ST-ZIP NEW PALESTINE IN

61 TITLE
62 NAME
63 STREET ADDRESS
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)(k) 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 617, 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

MICHAEL J. TAPP

6/7/96

317-783-6151

Date

Daytime Phone #

CR2E034 (3/96)