

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 08, 1999 8:00am  
Secretary of State

02-08-1999 90066 042 \*\*\*\*\*150.00

DOCUMENT # P20203

1. Corporation Name

THE SKILLMAN CORPORATION

Principal Place of Business

3834 SOUTH EMERSON AVE.  
INDIANAPOLIS IN 46203

Mailing Address

3834 SOUTH EMERSON AVE.  
INDIANAPOLIS IN 46203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1988

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

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

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

TITLE ST  
NAME TAPP, MICHAEL J  
STREET ADDRESS 235 BACK CREEK CIR.  
CITY-ST-ZIP GREENWOOD IN ☐ DELETE

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MICHAEL J. TAPP

Date

Daytime Phone #

1/9/99

317-783-6151

CR2E034 (11/98)