

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. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 Jun 27 1996 8:00 am
 Secretary of State

DOCUMENT # P40465 (7)

1. Corporation Name
SKYLER MISSISSIPPI, INC.



Principal Place of Business Mailing Address
2957 MARKET STREET PASCAGOULA MS 39567

2. Principal Place of Business 2a. Mailing Address
 21. Suite, Apt #, etc. 26. **125 W. ROMANA ST.**
 22. City & State 27. **400**
 23. Zip 28. **PENSACOLA, FL**
 24. Country 29. **32501** 30. **USA**

3. Date Incorporated or Qualified **09/14/1992** 3a. Date of Last Report **02/22/1995**
 4. FEI Number **64-0785288** 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
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	TREHERN, W. EDWARD	
STREET ADDRESS	2957 MARKET STREET	
CITY - ST - ZIP	PASCAGOULA MS	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ST. PE', JERRY	
STREET ADDRESS	2957 MARKET STREET	
CITY - ST - ZIP	PASCAGOULA MS	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	WILLIAMS, ROY G	
STREET ADDRESS	2957 MARKET STREET	
CITY - ST - ZIP	PASCAGOULA MS	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HOLLOWAY, J. L.	
STREET ADDRESS	2957 MARKET STREET	
CITY - ST - ZIP	PASCAGOULA MS	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BELL, SCOTT	
STREET ADDRESS	2957 MARKET ST	
CITY - ST - ZIP	PASCAGOULA MS	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCOTT J. BELL	
1.3 STREET ADDRESS	125 W. ROMANA ST STE 400	
1.4 CITY - ST - ZIP	PENSACOLA, FL 32501	
2.1 TITLE	VP PRES. BOD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	W. EDWARD TREHERN	
2.3 STREET ADDRESS	125 W. ROMANA ST. STE 400	
2.4 CITY - ST - ZIP	PENSACOLA, FL 32501	
3.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROY C. WILLIAMS	
3.3 STREET ADDRESS	125 W. ROMANA ST. STE 400	
3.4 CITY - ST - ZIP	PENSACOLA, FL 32501	
4.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JOHN J. TOLAN JR	
4.3 STREET ADDRESS	125 W. ROMANA ST. STE 400	
4.4 CITY - ST - ZIP	PENSACOLA, FL 32501	
5.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DANA R. POSTER	
5.3 STREET ADDRESS	125 W. ROMANA ST. STE 400	
5.4 CITY - ST - ZIP	PENSACOLA, FL 32501	
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 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: _____ DATE: **6/20/96** **904-492-0650**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)