

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

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
28 PENSACOLA, FL

23 Zip 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

Signature: Typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature is required when re-registering.)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD
NAME TREHERN, W. EDWARD
STREET ADDRESS 2957 MARKET STREET
CITY-STATE-ZIP PASCAGOULA MS

TITLE D
NAME ST. PE', JERRY
STREET ADDRESS 2957 MARKET STREET
CITY-STATE-ZIP PASCAGOULA MS

TITLE DST
NAME WILLIAMS, ROY G
STREET ADDRESS 2957 MARKET STREET
CITY-STATE-ZIP PASCAGOULA MS

TITLE DV
NAME HOLLOWAY, J. L.
STREET ADDRESS 2957 MARKET STREET
CITY-STATE-ZIP PASCAGOULA MS

TITLE VP
NAME BELL, SCOTT
STREET ADDRESS 2957 MARKET ST
CITY-STATE-ZIP PASCAGOULA MS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PRESIDENT
12 NAME SCOTT J. BELL
13 STREET ADDRESS 125 W. ROMANA ST STE 400
14 CITY-STATE-ZIP PENSACOLA, FL 32501

21 TITLE V.P. PRESIDENT
22 NAME W. EDWARD TREHERN
23 STREET ADDRESS 125 W. ROMANA ST. STE 400
24 CITY-STATE-ZIP PENSACOLA, FL 32501

31 TITLE DIRECTOR
32 NAME ROY C. WILLIAMS
33 STREET ADDRESS 125 W. ROMANA ST. STE 400
34 CITY-STATE-ZIP PENSACOLA, FL 32501

41 TITLE TREASURER
42 NAME JOHN J. TOLAN JR
43 STREET ADDRESS 125 W. ROMANA ST. STE 400
44 CITY-STATE-ZIP PENSACOLA, FL 32501

51 TITLE SECRETARY
52 NAME DANA R. POSTER
53 STREET ADDRESS 125 W. ROMANA ST. STE 400
54 CITY-STATE-ZIP PENSACOLA, FL 32501

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-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

6/20/96

904-492-0650

CR2E034 (3/96)