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Jan 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORENDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P40465 (7)
1. Corporation Name
SKYLER MISSISSIPPI, INC.



Principal Place of Business: 2957 MARKET STREET PASCAGOULA MS 39667
Mailing Address: 125 W ROMANA ST SUITE 400 PENSACOLA FL 32501-5847 US

3. Date Incorporated or Qualified: 09/14/1992
3a. Date of Last Report: 06/27/1996
4. FEI Number: 64-0785288
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

2. Principal Place of Business: 21 125 W. ROMANA ST. Suite, Apt. #, etc. 22 SUITE 400 City & State 23 PENSACOLA, FL Zip 24 32501 Country 25 USA
2a. Mailing Address: 26 125 W. ROMANA ST. Suite, Apt. #, etc. 27 SUITE 400 City & State 28 PENSACOLA FL Zip 29 32501 Country 30 USA

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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VP	VP <input type="checkbox"/> DELETE	1.1 TITLE: DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: TREHERN, W. EDWARD	TREHERN, W. EDWARD	1.2 NAME: ST. PE', JERRY	ST. PE', JERRY
STREET ADDRESS: 125 W ROMANA ST, STE400	125 W ROMANA ST, STE400	1.3 STREET ADDRESS: 125 W. ROMANA ST., SUITE 400	125 W. ROMANA ST., SUITE 400
CITY-ST-ZIP: PENSACOLA FL	PENSACOLA FL	1.4 CITY-ST-ZIP: PENSACOLA, FL 32501	PENSACOLA, FL 32501
TITLE: D	D <input type="checkbox"/> DELETE	2.1 TITLE: DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ST.PE', JERRY	ST.PE', JERRY	2.2 NAME: HOLLOWAY, J.L.	HOLLOWAY, J.L.
STREET ADDRESS: 2957 MARKET STREET	2957 MARKET STREET	2.3 STREET ADDRESS: 125 W. ROMANA ST, SUITE 400	125 W. ROMANA ST, SUITE 400
CITY-ST-ZIP: PASCAGOULA MS	PASCAGOULA MS	2.4 CITY-ST-ZIP: PENSACOLA, FL 32501	PENSACOLA, FL 32501
TITLE: D	D <input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WILLIAMS, ROY G	WILLIAMS, ROY G	3.2 NAME:	
STREET ADDRESS: 125 W ROMANA ST, STE400	125 W ROMANA ST, STE400	3.3 STREET ADDRESS:	
CITY-ST-ZIP: PENSACOLA FL	PENSACOLA FL	3.4 CITY-ST-ZIP:	
TITLE: DV	DV <input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HOLLOWAY, J. L.	HOLLOWAY, J. L.	4.2 NAME:	
STREET ADDRESS: 2957 MARKET STREET	2957 MARKET STREET	4.3 STREET ADDRESS:	
CITY-ST-ZIP: PASCAGOULA MS	PASCAGOULA MS	4.4 CITY-ST-ZIP:	
TITLE: P	P <input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BELL, SCOTT	BELL, SCOTT	5.2 NAME:	
STREET ADDRESS: 125 W ROMANA ST, STE400	125 W ROMANA ST, STE400	5.3 STREET ADDRESS:	
CITY-ST-ZIP: PENSACOLA FL	PENSACOLA FL	5.4 CITY-ST-ZIP:	
TITLE: T	T <input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: TOLAN, JOHN J JR	TOLAN, JOHN J JR	6.2 NAME:	
STREET ADDRESS: 125 W ROMANA ST, STE400	125 W ROMANA ST, STE400	6.3 STREET ADDRESS:	
CITY-ST-ZIP: PENSACOLA FL	PENSACOLA FL	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 is based 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: _____ 1/15/97 904-432-0650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)