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FILED  
Feb 17, 1999 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



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

02-17-1999 90011 026 \*\*\*\*158.75

DOCUMENT # P40465

1. Corporation Name  
SKYLER MISSISSIPPI, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

125 W ROMANA ST  
STE 400  
PENSACOLA FL 32501  
US

125 W ROMANA ST  
SUITE 400  
PENSACOLA FL 32501  
US

3. Date Incorporated or Qualified

09/14/1992

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 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

C T CORPORATION SYSTEM  
1200 S PINE ISLAND ROAD  
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP  
NAME TREHERN, W. EDWARD  
STREET ADDRESS 125 W ROMANA ST, STE 400  
CITY-ST-ZIP PENSACOLA FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  
NAME HOLLOWAY, J.L.  
STREET ADDRESS 125 W ROMANA ST, STE 400  
CITY-ST-ZIP PENSACOLA FL 32501

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME WILLIAMS, ROY G  
STREET ADDRESS 125 W ROMANA ST, STE 400  
CITY-ST-ZIP PENSACOLA FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE S  
NAME FOSTER, DANA R  
STREET ADDRESS 125 W ROMANA ST, STE 400  
CITY-ST-ZIP PENSACOLA FL 32501

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE P  
NAME BELL, SCOTT  
STREET ADDRESS 125 W ROMANA ST, STE 400  
CITY-ST-ZIP PENSACOLA FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE T  
NAME TOLAN, JOHN J JR  
STREET ADDRESS 125 W ROMANA ST, STE 400  
CITY-ST-ZIP PENSACOLA FL

6.1 TITLE  
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

1/12/99

850-432-0650

CR2E034 (11/98)