

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

FILED

May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997

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



DOCUMENT # P93000002199 (6)

1. Corporation Name
SKILLED SERVICES CORPORATION

Principal Place of Business

**5858 CENTRAL AVE.
ST. PETERSBURG FL 33707**

Mailing Address

**5858 CENTRAL AVE.
ST. PETERSBURG FL 33707-1728**



2. Principal Place of Business

**21 11300 4th Street N.
Suite, Apt. #, etc.
Ste. 200**

23 St. Petersburg, FL

24 33716 25 Pinellas

2a. Mailing Address

**26 11300 4th Street N.
Suite, Apt. #, etc.
Ste. 200**

28 St. Petersburg

29 33716 30 Pinellas

3. Date incorporated or Qualified

01/07/1993

3a. Date of Last Report

07/01/1996

4. FEI Number

59-3158375

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

**SEMBLER, M S
5858 CENTRAL AVE.
ST. PETERSBURG FL 33707**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

11300 4th St. N. Ste 200

83

84 City

St Petersburg

FL

85 Zip Code

33716

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
NAME
SEMBLER, M S
STREET ADDRESS
5858 CENTRAL AVE.
CITY-ST-ZIP
ST. PETERSBURG FL 33707**

TITLE ☐ DELETE

**D
NAME
LOFTIN, JERRY D
STREET ADDRESS
5858 CENTRAL AVE.
CITY-ST-ZIP
ST. PETERSBURG FL 33707**

TITLE ☐ DELETE

**DRA
NAME
JOHNSON, DARIAN W
STREET ADDRESS
5858 CENTRAL AVE.
CITY-ST-ZIP
ST. PETERSBURG FL**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**1.2 NAME
1.3 STREET ADDRESS
11300 4th St. N.
1.4 CITY-ST-ZIP
St. Petersburg, FL 33716**

2.1 TITLE ☒ Change ☐ Addition

**2.2 NAME
2.3 STREET ADDRESS
11300 4th St. N.
2.4 CITY-ST-ZIP
St. Petersburg, FL 33716**

3.1 TITLE ☒ Change ☐ Addition

**3.2 NAME
3.3 STREET ADDRESS
11300 4th St. N.
3.4 CITY-ST-ZIP
St. Petersburg, FL 33716**

4.1 TITLE ☐ Change ☒ Addition

**4.2 NAME
MARK CURTISS VP/CFO
4.3 STREET ADDRESS
11300 4th St. N.
4.4 CITY-ST-ZIP
St. Petersburg, FL 33716**

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
\$173.75 BANK
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 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.

CR2E034 (9/96)