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Apr 29 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 # P93000005275 (1)

1. Corporation Name
SKINNER MANAGEMENT COMPANY



Principal Place of Business: 6800 SOUTHPOINT PARKWAY SUITE 400 JACKSONVILLE FL 32216
Mailing Address: 6800 SOUTHPOINT PARKWAY SUITE 400 JACKSONVILLE FL 32216-6298

3. Date Incorporated or Qualified: 01/22/1993
3a. Date of Last Report: 07/31/1996

2. Principal Place of Business: 21 2970 Hartley Road Suite Apt. #, etc. 22 Suite 302 City & State: 23 Jacksonville, FL 32257 Zip: 24 32257 Country: 25 USA
2a. Mailing Address: 26 2970 Hartley Road Suite, Apt. #, etc. 27 Suite 302 City & State: 28 Jacksonville, FL Zip: 29 32257 Country: 30 USA

4. FEI Number: 59-3161650 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
SKINNER, RUSSELL R
6800 SOUTHPOINT PARKWAY
SUITE 400
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent
81 Name: Russell R. Skinner
82 Street Address (P.O. Box Number is Not Acceptable): 2970 Hartley Road
83 Suite 302
84 City: Jacksonville FL 85 Zip Code: 32257

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	STVD SKINNER, BRYANT B JR 6800 SOUTHPOINT PARKWAY SUITE 400 JACKSONVILLE FL 32216	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKINNER, BRYANT B JR		1.2 NAME
STREET ADDRESS	6800 SOUTHPOINT PARKWAY SUITE 400		1.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL 32216		1.4 CITY-ST-ZIP
TITLE	PO SKINNER, RUSSELL R 6800 SOUTHPOINT PARKWAY SUITE 400 JACKSONVILLE FL 32216	<input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKINNER, RUSSELL R		2.2 NAME
STREET ADDRESS	6800 SOUTHPOINT PARKWAY SUITE 400		2.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL 32216		2.4 CITY-ST-ZIP
TITLE	D SKINNER, CHARLES W 6800 SOUTHPOINT PKWY., #400 JACKSONVILLE FL 32216	<input type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKINNER, CHARLES W		3.2 NAME
STREET ADDRESS	6800 SOUTHPOINT PKWY., #400		3.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL 32216		3.4 CITY-ST-ZIP
TITLE	D SKINNER, BRYANT B 6800 SOUTHPOINT PKWY., #400 JACKSONVILLE FL 32216	<input type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKINNER, BRYANT B		4.2 NAME
STREET ADDRESS	6800 SOUTHPOINT PKWY., #400		4.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL 32216		4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			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.

SIGNATURE: _____ Date: 4-22-97 Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)