**FILED** 

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Mailing Address

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9300005275

1. Corporation Name

Principal Place of Business

SKINNER MANAGEMENT COMPANY

2970 HARTLEY ROAD SUITE 302 JACKSONVILLE FL 32257 US		2970 JARTLEY ROAD SUITE 302 JACKSONVILLE FL 32257 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
00	00				01/22/1993			
2. Principal Place of Business	2a. N	lailing Address			4. FEI Number	· · · · · · · · · · · · · · · · · · ·	Ar	pplied For
21	26	26		59-3161650		No	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired			Additional	
22		27		S. Considere of citation bearing		Fee Re		
City & State	<b>⊢</b> ¬	City & State			6. Election Campaign Financing			May Be
23	28	<del> </del>			Trust Fund Contribution			to Fees
Zip Cou	· —	ip	Country		8. This corporation owes the curre		igible ∐Yes	□No
24 25	29 dress of Current Register	30	<u> 1</u>	·	Personal Property Tax.  10. Name and Address of New Re			2,110
9. Name and Add	aress of Current Register	ed Agent	81	Name	To, Taurio alta nadiosa di Taurio	ogiono.ou	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	- · · · · · · · · · · · · · · · · · · ·
SKINNER, RUSSELL R								
2970 HARTLEY ROAD SUITE 302				Street Address (P.O. Box Number is Not Acceptable)				
					<del></del>			
JACKSONVILLE FL 322	257							
			84	City		FL	85 Zip	Code
office or registered agent, or be agent. I am familiar with, and a	oth, in the State of Florida. accept the obligations of, S	Such change was auth ection 607.0505, Florida	orized by a Statutes	the corporation.	oration submits this statement for the pon's board of directors. I hereby accept the statement of the pont of the	t the appoint	ment as re	egistered
angular ( ) production ( ) productio			gistered Agen	ir ziðiratnin tednire	d wilett tellisiadi.A)	D		
40	OFFICERS AND DIRECT		13		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	ORS IN 12
12.	OFFICERS AND DIRECT		13.		ADDITIONS/CHANGES TO OFF		DIRECTO	DRS IN 12
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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 appliemental 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 eceiver 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 ampowered.

SIGNATURE

CITY-ST-ZIP