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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jun 03 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000010119 (4)

SKINNER CONSTRUCTION COMPANY OF NORTH FLORIDA Principal Place of Business Mailing Address 3723 RIVER HALL DRIVE P.O. BOX 550977 JACKSONVILLE FL 32217 JACKSONVILLE FL 32255-0977 3. Date Incorporated or Qualified 3a. Date of Last Report 01/29/1993 05/01/1996 2. Principal Place of Business 20. Mailing Address 4. FE! Number Applied For 21 59-3164214 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Ζιρ Country Zψ Country 8. This corporation has liability for intangible tax under s. 199.032 Yes Yes 24 Florida Statutes 25 30 □ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SKINNER, RANDALL T Name 0707-90UTHOIDE BLVD.- 3723 BIVER HALL DR. Street Address (P.O. Box Number is Not Acceptable) 82 -8UITE 3315--JACKSONVILLE, FL JACKOONVILLE FL 32256 83 84 City Zip Code 85 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes. SIGNATURE Signature, typed or printed hame of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13, (96/6)DELETE TITLE 1.1 TITLE SKINNER, RANDALL T NAME 1.2 NAME 3723 RIVER HALL DRIVE STREET ADDRESS 13 STREET ADDRESS JACKSONVILLE FLØ2 JACKSONVILLE City - ST - ZiP 1.4 C(1y - \$1 - 7(P 🔲 DELETE Change ☐ Addition TITLE 2.1 10346 NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CH1Y - S1 ZIF DELETE ☐ Change Addition TITLE 3.1 TH (F 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP TITLE DELETE 4.1 1111.6 Change Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRÉSS CITY-ST-ZIP 4.4 CITY - ST- ZIP DLLETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CHY - \$1 - 7IP DELETE TITLE Change Addition 6.1 HILE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CHY-\$1-2IP

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 logal 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

5/23/97