

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000035488 (4)**

1. Corporation Name

G.H. SKIPPER, INC.

Principal Place of Business

**310 KENMORE ST
PENSACOLA FL**

Mailing Address

**310 KENMORE ST
PENSACOLA FL**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SKIPPER, GUY H JR
7725 MISTY PINES LANE
PENSACOLA FL 32526**

3. Date Incorporated or Qualified

05/13/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3190430

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

10. Name and Address of New Registered Agent

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 607.0102 and 607.1504, 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent, if not the individual

Signature typed or printed name of registered agent, if not the individual

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **SKIPPER, GUY H JR**
STREET ADDRESS **7725 MISTY PINES LANE**
CITY-STATE-ZIP **PENSACOLA FL**

TITLE ☐ DELETE

NAME **VST**
STREET ADDRESS **SKIPPER, KAREY LYNN**
CITY-STATE-ZIP **7725 MISTY PINES LANE**
PENSACOLA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **Executive VP, S.T.**
2.3 STREET ADDRESS **Skipper, Karey Lynn**
2.4 CITY-STATE-ZIP **7725 Misty Pines Lane**
Pensacola, FL 32526

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **V.P.**
3.3 STREET ADDRESS **Jessie D. Powell**
3.4 CITY-STATE-ZIP **4750 Nokomis Road**
Walnut Hill, FL 32508

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

904-474-8923

CR2E034 (12/95)