2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P93000035488

1. Entity Name G.H. SKIPPER, INC.



Principal Place of Business Mailing Address Apr 22, 2003 8:00 am § Secretary of State

Signature, typed or printed name of registered agent and tale if applicable. NOTE: Registered Agent signature required when reinstating) Street Address TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	3040 GODWIN LANE PENSACOLA FL 32526 US		P. O. BOX 37406 PENSACOLA FL 32526 US		111111111111111111111111111111111111111		
City & State Country Country Country Country Country S. Certificate of Status Desired S8.75 Additional Fee Required Fee Required Fee Required Fee Required Fee Required SKIPPER, GUY H JR 7725 MISTY PINES LANE PENSACOLA FL 32526 City FL Zip Code S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE NAME SIREET ADDRESS CITY-S1-ZIP PENSACOLA FL 32526 TITLE VP Change Addit Addit SIREET ADDRESS FINEST ADDRESS FINES LANE PENSACOLA FL 32526 TITLE VP Delete TITLE NAME SKIPPER, KAREY LYNN SIREET ADDRESS FINEST ADDRESS F	2. Principal Place of Business		3. Mailing Address				
Zip Country Zip Country 5, Certificate of Status Desired \$8.75 Additional Fee Required - - B. Name and Address of Current Registered Agent	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKIN	G CHANGES	
SKIPPER, GUY H JR 7725 MISTY PINES LANE PENSACOLA FL 32526 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accepted digitations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P DEVISED AND SIREET ADDRESS STREET ADDRESS FILE NOW!!! PRES LANE PENSACOLA FL 32526 TITLE VP Delete TITLE De	City & State		City & State		4. FEI Number 59-3190430	Applied For Not Applicable	
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T725 MISTY PINES LANE PENSACOLA FL 32526 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tale if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE NAME STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32526 CITY-ST-ZIP Delete TITLE VP Delete Delete TITLE VP Delete TITLE VP Delete Delete Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete Dele				Name			
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE NAME SIRRET ADDRESS (TIY-ST-ZIP) PENSACOLA FL 32526 CIY-ST-ZIP Change Additional control of the control of							
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.