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FILED

May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000079149 (9)

1. Corporation Name

SKM, INC.

Principal Place of Business

611 PROSPECT AVE., SOUTH
CLEARWATER FL 34616

Mailing Address

131 GARDEN AVE., NORTH
SUITE 103
CLEARWATER FL 34615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/08/1993

4. FEI Number

59-3210365

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 133 GARDEN AVE.

27 Suite, Apt. #, etc.

28 City & State

28 CLEARWATER FL

29 Zip

30

Country

30 PINE HILLS

9. Name and Address of Current Registered Agent

LETTAU, KATHLEEN E
PROFESSIONAL ACCT. & FIN. SERVICES
131 GARDEN AVENUE, NORTH
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name

LETTAU, KATHLEEN E

82 Street Address (P.O. Box Number is Not Acceptable)

PERFECTLY BALANCED BOOKS

83

133 GARDEN AVE, N.

84 City

CLEARWATER

FL

85

Zip Code

33755

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 607.0502, Florida Statutes.

SIGNATURE

Kathleen E. Lettau

4-29-98

Signature typed or printed name of registered agent and this is applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
MUELLER, KIRSTEN
STREET ADDRESS 855 ELDORADO AVE.
CITY-ST-ZIP CLEARWATER FL 34630

TITLE ☐ DELETE

NAME D
MUELLER, THOMAS
STREET ADDRESS 855 ELDORADO AVE.
CITY-ST-ZIP CLEARWATER FL 34630

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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

Kirsten Mueller 4-29-98 8/34459707

CR2E034 (10/97)