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Mar 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000006088 (6)

1. Corporation Name

SKILL BUILDERS, INC.

Principal Place of Business

3327 GALLANT FOX TR
APT D-27
TALLAHASSEE FL 32308
US

Mailing Address

3327 GALLANT FOX TRAIL
APT D-27
TALLAHASSEE FL 32308-1780
US



3. Date Incorporated or Qualified
01/13/1994

3a. Date of Last Report
05/01/1996

4. FEI Number

59-3218252

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

2. Principal Place of Business

21 910 Myers Park Dr

Subst. Apt. #, etc.

22 City & State

23 Tallahassee FL

Zip

24 32312

Country

25

2a. Mailing Address

26 3327 Gallant Fox Tr

Subst. Apt. #, etc.

27 City & State

28 Tallahassee FL

Zip

29 32308

Country

30 USA

9. Name and Address of Current Registered Agent

HOWMAN, SHELLY
1101 NW 39TH AVE
APT D-27
GAINESVILLE FL 32609

10. Name and Address of New Registered Agent

81 Name

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

3327 Gallant Fox Tr

83

84

Tallahassee

FL

85 Zip Code

32308

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0505, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME HOWMAN, SHELLY
STREET ADDRESS 3327 GALLANT FOX TRAIL
CITY, ST, ZIP TALLAHASSEE FL

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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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-97

904 425-1400

Date

Daytime Phone #

CR2E034 (9/96)