FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000076798 (5)

1. Corporation Name

SKYLINE REALTY SERVICES, INC.

Principal Place of Business	Mailing Address
2700 RIVERSIDE AVE. SUITE 7 JACKSONVILLE FL 32204	2700 RIVERSIDE AVE. SUITE 7 JACKSONVILLE FL 32204

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/18/1994	3a. Date of Last Report
4. FEI Number: 59-3274978	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27
City & State: 23	City & State: 28
Zip: 24 / Country: 25	Zip: 29 / Country: 30

9. Name and Address of Current Registered Agent

SHAW, RALPH L JR.
2700 RIVERSIDE AVE.
SUITE 7
JACKSONVILLE FL 32204

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 607.0502 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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	SHAW, RALPH L JR.	12 NAME	
STREET ADDRESS	5303 ORTEGA BLVD.	13 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 33210-0206	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	THORNTON, JOHN T	22 NAME	
STREET ADDRESS	2700 RIVERSIDE AVE., STE. 7	23 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32204	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	UIBLE, JOHN D	32 NAME	
STREET ADDRESS	225 WATER ST., STE. 840	33 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32202	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	WINSTON, JAMES H	42 NAME	
STREET ADDRESS	645 RIVERSIDE AVE., STE. 619	43 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32204	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	KING, THOMAS F JR.	52 NAME	
STREET ADDRESS	505 LANCASTER AVE., APT. 5-B	53 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32204	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	THORNTON, J. PATRICK	62 NAME	
STREET ADDRESS	8381 DIX ELLIS TRAIL, SUITE 100	63 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32256	64 CITY ST 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)(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: _____ John T. Thornton 4/29/94 (904)381-0122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014866 CP