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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Jan 25 1996 8:00 am  
Secretary of State

DOCUMENT # P94000076798 (5)

1. Corporation Name

SKYLINE REALTY SERVICES, INC.



Principal Place of Business

2700 RIVERSIDE AVE.  
SUITE 7  
JACKSONVILLE FL 32204

Mailing Address

2700 RIVERSIDE AVE.  
SUITE 7  
JACKSONVILLE FL 32204

2. Principal Place of Business

21 601 Riverside Ave.

Suite, Apt. #, etc.

22 Bldg II, Suite 650

23 Jacksonville, FL

24 32204

25 U.S.

2a. Mailing Address

26 601 Riverside Avenue

Suite, Apt. #, etc.

27 Bldg II, Suite 650

28 Jacksonville, FL

29 32204

30 U.S.

3. Date Incorporated or Qualified

10/18/1994

3a. Date of Last Report

05/01/1995

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

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)

601 Riverside Avenue Bldg II, Suite 650

83

84 Jacksonville

FL

85 Zip Code  
32204

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

Signature to be printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SHAW, RALPH L JR.

STREET ADDRESS 5303 ORTEGA BLVD.

CITY - ST - ZIP JACKSONVILLE FL 32210-0208

TITLE D ☐ DELETE

NAME THORNTON, JOHN T

STREET ADDRESS 2700 RIVERSIDE AVE., STE. 7

CITY - ST - ZIP JACKSONVILLE FL 32204

TITLE D ☐ DELETE

NAME UIBLE, JOHN D

STREET ADDRESS 225 WATER ST., STE. 840

CITY - ST - ZIP JACKSONVILLE FL 32202

TITLE D ☐ DELETE

NAME WINSTON, JAMES H

STREET ADDRESS 645 RIVERSIDE AVE., STE. 619

CITY - ST - ZIP JACKSONVILLE FL 32204

TITLE D ☐ DELETE

NAME KING, THOMAS F JR.

STREET ADDRESS 505 LANCASTER AVE., APT. 5-B

CITY - ST - ZIP JACKSONVILLE FL 32204

TITLE D ☐ DELETE

NAME THORNTON, J. PATRICK

STREET ADDRESS 8381 DIX ELLIS TRAIL, SUITE 100

CITY - ST - ZIP JACKSONVILLE FL 32256

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Shaw, Ralph L., Jr. ☒ Change ☐ Addition

1.2 NAME 601 Riverside Avenue

1.3 STREET ADDRESS Building II, Suite 650

1.4 CITY - ST - ZIP Jacksonville, FL 32204

2.1 TITLE John T. Thornton ☒ Change ☐ Addition

2.2 NAME 601 Riverside Avenue

2.3 STREET ADDRESS Building II, Suite 650

2.4 CITY - ST - ZIP Jacksonville, FL 32204

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Thornton J. Patrick  
1301 Riverplace Blvd. #1830  
Jacksonville, FL 32207

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: Ralph L. Shaw, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96 904-358-0900  
Date Daytime Phone #

CR2E034 (12/95)