

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 11 1998 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P94000076798 (5)

1. Corporation Name

SKYLINE REALTY SERVICES, INC.

Principal Place of Business

801 RIVERSIDE AVE  
BLDG II SUITE 650  
JACKSONVILLE FL 32204  
US

Mailing Address

801 RIVERSIDE AVE  
BLDG II SUITE 650  
JACKSONVILLE FL 32204  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1994

4. FEI Number

59-3274978

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

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

SHAW, RALPH L JR.  
801 RIVERSIDE AVE.  
BLDG II, STE 650  
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME SHAW, RALPH L JR.  
STREET ADDRESS 801 RIVERSIDE AVENUE BLDG II SUITE 650  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D  
NAME THORNTON, JOHN T  
STREET ADDRESS 801 RIVERSIDE AVE BLDG II SUITE 650  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D  
NAME UIBLE, JOHN D  
STREET ADDRESS 225 WATER ST., STE. 840  
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE D  
NAME WINSTON, JAMES H  
STREET ADDRESS 645 RIVERSIDE AVE., STE. 619  
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE D  
NAME KING, THOMAS F JR.  
STREET ADDRESS 505 LANCASTER AVE., APT. 5-B  
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE D  
NAME THORNTON, J. PATRICK  
STREET ADDRESS 1301 RIVERPLACE BLVD #1830  
CITY-ST-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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:

5-1-98 904-358-0900

CR2E034 (10/97)