

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90025 022 ***150.00

DOCUMENT # P94000076798

1. Corporation Name

SKYLINE REALTY SERVICES, INC.

Principal Place of Business

601 RIVERSIDE AVE
BLDG II SUITE 650
JACKSONVILLE FL 32204
US

Mailing Address

601 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
Trust Fund Contribution ☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

SHAW, RALPH L JR.
601 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 ☐ DELETE
NAME SHAW, RALPH L JR.
STREET ADDRESS 601 RIVERSIDE AVENUE BLDG II SUITE 650
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE
NAME THORNTON, JOHN T
STREET ADDRESS 601 RIVERSIDE AVE BLDG II SUITE 650
CITY-ST-ZIP JACKSONVILLE FL

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/26/99

904-558-0900

CR2E034 (11/98)