

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000079958 (2)

1. Corporation Name

JEFFREY L. SKINNER ENTERPRISES, INC.



Principal Place of Business

Mailing Address

4175 NORTH ROAD  
NAPLES FL 33942

4175 NORTH ROAD  
NAPLES FL 33942

2. Principal Place of Business

2a. Mailing Address

21 4175 North Rd

26 4175 North Rd

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Naples FL

Naples FL

24 Zip

25 Country

29 Zip

30 Country

34104

Collier

34104

Collier

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/31/1994

3a. Date of Last Report

07/07/1995

4. FEI Number

65-0563201

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. 199.03?  
Florida Statutes ☒ Yes ☐ No

SKINNER, JEFFREY L  
4175 NORTH ROAD  
NAPLES FL 33942

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

Jeffrey L. Skinner Pres

Signature of person or persons authorized to register agent and the corporation (if 11): Registered agent signature required when reinstating.

7/15/94

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVST  
NAME SKINNER, JEFFREY L  
STREET ADDRESS 4175 NORTH ROAD  
CITY - ST - ZIP NAPLES FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1. TITLE ☐ Change ☐ Addition

1.1 NAME

1.2 STREET ADDRESS

1.3 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jeffrey L. Skinner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/94 (941) 49-4974

CR2E034 (3/96)