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**PROFIT CORPORATION** ANNUAL REPORT

**19**98

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FLORIDA DEPARTMENT OF STATE

Sandra 🗗 Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000003154 (8) DOCUMENT #

SKINNER, VARNEY & ASSOCIATES, INC.

Principal Place of Business

-15-07H STREET

Mailing Address

16 STH STREET

FILED Jun 02 1998 8:00am Secretary of State



904

ST AUGUSTINE FL 32084 ST AUGUSTINE FL 32084 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1995 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 145 OVIEDO 59-3288698 145 OVIEND Not Applicable Suite, Apt #, etc Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SKINNER, DAVID C JR. 81 Name 45-8TH STREET 82 er is Not Acceptable) Street Address (P ST AUGUSTINE FL 32084 83 R4 City Zip Code 72084 11. Pursuant to the provisions of Sections 607.05.02 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 Horida, Such change was authorized by the corporation's board of directors. Hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of region cold agent and titled apply able ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Change Addition 12. OFFICERS AND DIRECTORS 13. DELETE TITLE SAME + PROS. TREAS, SOC. SChange 1.1 TITLE **SKINNER, DAVID C JR.** NAME 1.2 NAME らみゃと 15 8TH STREET STREET ADDRESS 1.3 STREET ADDRESS ST AUGUSTINE BEACH FL CITY - ST - ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-S1-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 TITLE Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CHY-ST-7IP 14. Thereby certify that the information supplies with this filler took 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 frue 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 unexpective energy were dependent to the receiver of the corporation or the receiver of unexpective dependent to the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the corporation of the receiver of the corporation or the receiver of the corporation or the receiver of the corporation of the corporation of the corporation of the corporation