FILED

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90107 022 ***150.00

Change

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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

DOCUMENT # P9500003154

1. Corporation Name

SKINNER, VARNEY & ASSOCIATES, INC.

				_			
Principal Place of Business		Mailing Address					
145 OVIEDO ST ST AUGUSTINE FL 32084 US		145 OVIEDO ST ST AUGUSTINE FL 32084 US	\	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/01/1995			
Principal Place of Business 1		2a. Mailing Address		4. FEI Number 59-3288698	Not A	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required		
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to	· .	
Zip	Country	Zip 29 30	Country	This corporation owes the current year Personal Property Tax.	Yes □No		
	9. Name and Address of Currer	t Registered Agent		10. Name and Address of New Registe	red (Agent		
SKINNER, DAVID C JR. 145 OVIEDO ST ST AUGUSTINE FL 32084 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida			83 84 City he above-named corrized by the corpora	possition submits this statement for the numor	FL 85 Zip Co se of changing its re ppointment as regis	aistered	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Regi	stered Agent signature requi	ired when reinstating) DAT	Ĕ		ź
12. OFFICERS AND DIRECTORS		13.	3. ADDITIONS/CHANGES TO OFFICERS AND DIRECT		S IN 12	ģ	
TITLE NAME STREET ADDRESS	DPTS SKINNER, DAVID C JR. 145 OVIEDO ST ST AUGUSTINE FL 32084	_	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change	Addition	02E034 /11
CITY-ST-ZIP	31 AUGUSTINE TE 32004		2.1 TITLE		Change	Addition	Č
NAME STREET ADDRESS		_	2.2 NAME 2.3 STREET ADDRESS		-		
TITLE NAME	·	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		Change	Addition	****
STREET ADDRESS	1		3.3 STALLT ADDINESS				

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.

34 CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME