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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P96000031566

1. Corporation Name

SKINNER ENTERPRISES INC

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90164 036 ***150.00

SKININE	CATERFINOLO, INC.							
Principal Place	of Business	Mailing Address				(
12688 CACHET	DRIVE	12688 CACHET DRIVE						
JACKSONVILLE	JACKSONVILLE FL 32223				TO LIGHT INDITE IN THIS ODA	0 E		
						DO NOT WRITE IN THIS SPA	<u></u>	
						3. Date Incorporated or Qualifed		i
						04/08/1996		
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number		plied For
21		26				59-3369135		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	5.75 A Fee Rø	Additional
22		27						
City & State	е	City & State				1 1		May Be
23		28				Treat and Contract	Added to	b rees
Zip				Country		This corporation owes the current year Intangib Personal Property Tax		□No.
24	25	29	30	_		1 Gradital 1 reporty 1 and		
	9. Name and Address of Currer	nt Registered Agent		1		10. Name and Address of New Registered Agen	<u>t</u>	
				81	Name	•		
SKINNER, HENRY C JR.				82	Street	Idress (P.O. Box Number is Not Acceptable)		
1268	8 CACHET DRIVE							
JAC	(SONVILLE FL 32223			83		,		
				<u> </u>		85	Zip C	Code
				84	City	FL °	Zipk	7000
office or r	egistered agent, or both, in the State rn familiar with, and accept the obliga	of Florida, Such change was a ations of, Section 607.0505, Flo	autnorize orida Sta	tutes	tne corpo	orporation submits this statement for the purpose of chanation's board of directors. I hereby accept the appointme	nt as re	gistered
OIGHT (FORTE	Signature, typed or printed name of registered age	<u> </u>			t signature r	uired when reinstating) DATE	DECT	
12.	OFFICERS AN	ND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AND DI	Change	Addition
TITLE	D	☐ DELETÉ	111	TITLE		(1)	Mange	
NAME	SKINNER, HENRY C JR.		1.21	AME				
STREET ADDRESS	12688 CACHET DRIVE		1.3 9	STREET	ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32223		1.4 CITY-		T- ZIP			Addition
TITLE	D	☐ DELETE	2.1	ITLE		Ц·	Change	☐ Addition]
NAME	SKINNER, MARY H		2.2 NAM					ì
STREET ADDRESS	12688 CACHET DRIVE	"		STREET	ADDRESS	يحار يكف تغيب الحداثين الرادا والاستسانة اريداد		
CITY-ST-ZIP	JACKSONVILLE FL 32223		2.4	2.4 CITY-ST-ZIP				
TITLE		☐ DELETE	317	TITLE			Change	☐ Addition
NAME			3.21	NAME	,			}
STREET ADDRESS			3.3	STREE	ADDRESS			
CITY-ST-ZIP			3.4	CITY-S	ST-ZIP			
TITLE		☐ DELETE	4.1	TITLE			Change	Addition
NAME			4. 2	NAME				
STREET ADDRESS			4.3	STREE	T ADDRESS			
CITY-ST-ZIP			4.4	CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1	TITLE			Change	Addition (
NAME			5.2	NAME				
STREET ADDRESS			5.3	STREE	T ADDRESS			
CITY-ST-ZIP			5.4	CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1	TITLE			Change	☐ Addition
NAME			6.2	NAME				
STREET ADDRESS	1		6.3	STREE	T ADDRESS			
CITY-ST-ZIP				CITY-S		•		
1.41.1-51-7P			-				$\overline{}$	

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.

404-716-6403