PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P97000022983 1. Corporation Name

SKIBA CORP.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Principal Place	e of Business	Mailing Address			
710 7TH ST NW	ı	710 7TH ST NW			
NAPLES FL 341	20	NAPLES FL 34120		DO NOT WRITE IN THIS	S SDACE
U\$		US		3. Date Incorporated or Qualifed	3 31 ACL
		_		03/13/1997	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3432489	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22	<u> </u>	27		0, 001,100,100,000	Fee Required
City & State	8	City & State	_	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Ir	
24		29 3	0	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current	t Registered Agent	94 1	10. Name and Address of New Registered	Agent
noc	HE TRACY I		81 Name		
ROCHE, TRACY L			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
710 7TH ST NW					
NAPLES FL 34120			83		
			84 City		85 Zip Code
				FI	<u> </u>
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	, the above-named corp	poration submits this statement for the purpose of	of changing its registered
office or re	egistered agent, or both, in the State om familiar with, and accept the obligat	of Florida. Such change was autrions of, Section 607,0505, Florid	nonzed by the corporation Statutes.	on's board of directors. I hereby accept the appo	Sintinent as registered
SIGNATURE					(
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Re	egistered Agent signature require		
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PSTD			ADDITIONO/ONE WINDER TO CHINDEROY	
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6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

□ DELETE

14. I hereby certify that the information supplied with his 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 innual 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 or an attachment with an address, with all other like empowered. SIGNATURE:

Change

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90010 049 ***150.00

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Addition