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PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000062122 (1)

SKIPPER ENTERPRISES, INC.

FILED Apr 17 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2092 NORTH HIGHLANDS BLVD. 2092 NORTH HIGHLANDS BLVD. AVON PARK FL 33825 AVON PARK FL 33825 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/10/1997 2. Principal Place of Business 2a. Mailing Address Applied For 5-0163857 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intancible Personal Property Tax due June 30. 30 24 25 29 e. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SKIPPER, HELEN M 2092 NORTH HIGHLANDS BLVD. Street Address (P.O. Box Number is Not Acceptable) 82 **AVON PARK FL 33825** 83 City 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 [smill] ar with, and accept the obligations of, Section 607.0505, Florida Statutes. 3 - 24 - 98 (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition 1.1 TITLE TITLE F **SKIPPER, JOHN R** NAME 1.2 NAME 2092 NORTH HIGHLANDS BLVD. STREET ADDRESS 1.3 STREET ADDRESS AVON PARK FL 33825 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE SKIPPER, HELEN M 2.2 NAME 2092 NORTH HIGHLANDS BLVD. STREET ADDRESS 2.3 STREET ADDRESS AVON PARK FL 33825 2. 4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 THLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change 6.1 TITLE ☐ Addition TITLE NAME 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS 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.

CICNATURE ALCON M.SKING

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