

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

FILED  
Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90010 048 \*\*\*158.75

DOCUMENT # P97000071846

1. Corporation Name  
SKYLER TALLAHASSEE, INC.



Principal Place of Business  
125 WEST ROMANA STREET  
ONE PENSACOLA PLAZA, SUITE 400  
PENSACOLA FL 32501

Mailing Address  
125 WEST ROMANA STREET  
ONE PENSACOLA PLAZA, SUITE 400  
PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1997

4. FEI Number

59-3489761

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

BELL, SCOTT J  
125 WEST ROMANA STREET  
ONE PENSACOLA PLAZA, SUITE 400  
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME BELL, SCOTT J  
STREET ADDRESS 125 WEST ROMANA STREET #400  
CITY-ST-ZIP PENSACOLA FL 32501

DELETE

TITLE D  
NAME ST. PE', GERALD  
STREET ADDRESS 1000 LITTON ACCESS ROAD  
CITY-ST-ZIP PASCAQUOLA MS 39567

DELETE

TITLE D  
NAME WILLIAMS, ROY C  
STREET ADDRESS 711 DELMAS AVENUE  
CITY-ST-ZIP PASCAQUOLA MS 39567

DELETE

TITLE D  
NAME FOSTER, DANA R  
STREET ADDRESS 125 WEST ROMANA STREET  
CITY-ST-ZIP PENSACOLA FL 32501

DELETE

TITLE D  
NAME TOLAN, JOHN J JR  
STREET ADDRESS 125 WEST ROMANA STREET  
CITY-ST-ZIP PENSACOLA FL 32501

DELETE

TITLE D  
NAME HOLLOWAY, J L  
STREET ADDRESS 2372 HIGHWAY 80 WEST  
CITY-ST-ZIP JACKSON MS 39204

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

125 W. ROMANA ST, STE 400  
PENSACOLA, FL 32501

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

125 W. ROMANA ST., STE 400  
PENSACOLA, FL 32501

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

125 W. ROMANA ST, STE 400  
PENSACOLA, FL 32501

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99

Date

850-432-0650

Daytime Phone #

CR2E034 (11/98)