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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000072968

1. Corporation Name
SKYLER JACKSON, INC.

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1997

4. FEI Number

59-3489753

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22
City & State

23
Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27
City & State

28
Zip Country

29

30

9. Name and Address of Current Registered Agent

**CAMPBELL, JAMES S
BEGGS & LANE
3 WEST GARDEN STREET, SUITE 700
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 ☐ DELETE
NAME **D
BELL, SCOTT J**
STREET ADDRESS **125 WEST ROMANA STREET**
CITY-ST-ZIP **PENSACOLA FL 32501**

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

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

TITLE ☐ DELETE
NAME **D
FOSTER, DANA R**
STREET ADDRESS **125 W. ROMANA ST. #400**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE ☐ DELETE
NAME **D
TOLAN, JOHN J JR**
STREET ADDRESS **125 W. ROMANA ST. #400**
CITY-ST-ZIP **PENSACOLA FL 32501**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **125 W. ROMANA ST. STE 400**
2.4 CITY-ST-ZIP **PENSACOLA, FL 32501**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **125 W. ROMANA ST, STE 400**
3.4 CITY-ST-ZIP **PENSACOLA, FL 32501**

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

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

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS **125 W. ROMANA ST, STE 400**
6.4 CITY-ST-ZIP **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)