


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

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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90010 047 ***158.75

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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 # P97000075000

1. Corporation Name
SKYLER WAYNESBORO, INC.

Principal Place of Business ONE PENSACOLA PLAZA 125 WEST ROMANA STREET, SUITE 400 PENSACOLA FL 32501	Mailing Address ONE PENSACOLA PLAZA 125 WEST ROMANA STREET, SUITE 400 PENSACOLA FL 32501
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 08/28/1997
4. FEI Number 59-3473283
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	BELL, SCOTT J
STREET ADDRESS	125 W. ROMANA ST. #400
CITY-ST-ZIP	PENSACOLA FL 32501
TITLE	<input type="checkbox"/> DELETE
NAME	ST PE', GERALD
STREET ADDRESS	1000 LITTON ACCESS RD
CITY-ST-ZIP	PASCAOULA MS 39567
TITLE	<input type="checkbox"/> DELETE
NAME	WILLIAMS, ROY C
STREET ADDRESS	711 DELMAS AVENUE
CITY-ST-ZIP	PASCAOULA MS 39567
TITLE	<input type="checkbox"/> DELETE
NAME	FOSTER, DANA R
STREET ADDRESS	125 W ROMANA ST #400
CITY-ST-ZIP	PENSACOLA FL 32501
TITLE	<input type="checkbox"/> DELETE
NAME	TOLAN, JOHN J JR.
STREET ADDRESS	125 W ROMANA ST #400
CITY-ST-ZIP	PENSACOLA FL 32501
TITLE	<input type="checkbox"/> DELETE
NAME	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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	125 W. ROMANA ST, STE 400
2.3 STREET ADDRESS	PENSACOLA, FL 32501
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	125 W. ROMANA ST, STE 400
3.3 STREET ADDRESS	PENSACOLA, FL 32501
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	125 W. ROMANA ST., STE 400
6.3 STREET ADDRESS	PENSACOLA, FL 32501
6.4 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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** _____ **1/12/99** **850-432-0650**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (11/98)