

MAY 1ST IS \$550.00

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
Feb 12, 1999 8:00am
Secretary of State

02-12-1999 90024 015 ***158.75



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000103119

1. Corporation Name

SKYLER PREMIER, INC.

Principal Place of Business

**125 WEST ROMANA STREET #400
 ONE PENSACOLA PLAZA
 PENSACOLA FL 32501**

Mailing Address

**125 WEST ROMANA STREET #400
 ONE PENSACOLA PLAZA
 PENSACOLA FL 32501**

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

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/08/1997

4. FEI Number

59-3481850

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

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

**CAMPBELL, JAMES S
 BEGGS & LANE
 3 WEST GARDEN STREET #700
 PENSACOLA FL 32501**

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** ☐ DELETE
 NAME **BELL, SCOTT J**
 STREET ADDRESS **125 WEST ROMANA STREET #400**
 CITY-ST-ZIP **PENSACOLA FL 32501**

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

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

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

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

TITLE **D** ☐ DELETE
 NAME **TREHERN, W E**
 STREET ADDRESS **2957 MARKET STREET**
 CITY-ST-ZIP **PASCAGOULA MS 39567**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99

850-432-0650

Date

Daytime Phone #

CR2E034 (11/98)