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Secretary of State

03-01-1999 90049 010 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000103127

1. Corporation Name
SKYLER MIAMI, 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/08/1997

4. FEI Number
59-3481849

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

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

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

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

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 125 W. ROMANA ST., STE 400
4.4 CITY-ST-ZIP PENSACOLA, FL 32501

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

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

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

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

850-432-0650

Date

Daytime Phone #

CR2E034 (11/98)