DOCUMENT # **P97000107614**

1. Entity Name

SKYLER DAYTONA, INC.

Principal Place of Business

Mailing Address

125 W ROMANA STREET

125 W ROMANA STREET

SUITE 400 PENSACOLA FL 32501 SUITE 400 PENSACOLA FL 32501

FILED Feb 05, 2001 8:00 am Secretary of State

02-05-2001 90087 011 ***158.75

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Suite. Apt. #, etc. Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE	2. Principal Place of Business		3. Mailing Address	3. Mailing Address			
Superior	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BELL, SCOTT J 125 W ROMANA STREET SUITE 400 PENSACOLA FL 32501 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	City & Stat	е	City & State	City & State		. FEI Number 59-3483152	<u> </u>
BELL, SCOTT J 125 W ROMANA STREET SUITE 400 PENSACOLA FL 32501 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D Delete TITLE Addition	Zip	Country	Zip	Cour	itry 5		
BELL, SCOTT J 125 W ROMANA STREET SUITE 400 PENSACOLA FL 32501 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PATE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D Change Addition		6. Name and Address of Curren	Registered Agent	•	7.	. Name and Address of New Registered A	Agent
125 W ROMANA STREET SUITE 400 PENSACOLA FL 32501 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILLE D elete TITLE D change Addidition					Name		
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PATE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
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NAME STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32501 TITLE NAME STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32501 TITLE NAME STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32501 TITLE D Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32501 TITLE D Delete TITLE D Change Addition NAME STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32501 TOLAN, JOHN J JR STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32501 STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32501 TOLAN, JOHN J JR STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32501	11.	OFFICERS AND DIREC	TORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TT
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Delete	STREET ADDRESS	125 W ROMANA ST, #400		STREET ADDRESS	125 W. Romana Str. Suite 400
TITLE	CITY-ST-ZIP	*		CITY-ST-ZIP	Pensacala, FL 32501
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	TITLE	D	☐ Delete	TITLE	Change Addition
NAME HOLLOWAY, J. L.	NAME	HOLLOWAY, J. L.		NAME	In a non a real of the Line
STREET ADDRESS 2372 HWY 80 WEST STREET ADDRESS 125 W. Kom and 34, Surfe Tollows	STREET ADDRESS	2372 HWY 80 WEST		STREET ADDRESS	1722 M. Komanaski, sunto mo
STREET ADDRESS CITY-ST-ZIP ACKSON MS-39204 NAME STREET ADDRESS CITY-ST-ZIP Pensacola, FL 32501	CITY-ST-ZIP	JACKSON MS 39204		CITY-ST-ZIP	Pensacola, FL 32501
TITLE D Delete TITLE Addition	TITLE	D	☐ Delete	TITLE	Change
NAME ST. PE', GERLAD	NAME	ST. PE', GERLAD		NAME	
STREET ADDRESS 1000 LITTON ACCESS RD	STREET ADDRESS	1 000 LITTON ACCESS RB		STREET ADDRESS	125 W. Kamana St., Switched
CITY-ST-ZIP PASCAGOULA MS 39567 CITY-ST-ZIP Persacola P 32501	CITY-ST-ZIP	PASCAGOULA MS 39567		CITY-ST-ZIP	Persacola PL 32501
	TITLE	D	☐ Delete	TITLE	Change Addition
NAME TREHERN, W. EDWARD	NAME	TREHERN, W. EDWARD		NAME	1
STREET ADDRESS 2057 MARKET STREET STREET ADDRESS 125 W. Ramana St., Swite 400	STREET ADDRESS	2957 MARKET-STREET		STREET ADDRESS	125 W. Kamana St., Swite 400
CITY-ST-ZIP PASCAGOULA-MS 30567- CITY-ST-ZIP Pensacola, FL 32501	CITY-ST-ZIP	PASCAGOULA MS 30567-		CITY-ST-ZIP	Pensacola, FL 32501

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR