

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

FILED


Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90011 027 \*\*\*\*\*158.75



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000037391

1. Corporation Name  
SKYLER JACKSONVILLE, INC.

Principal Place of Business 125 W ROMANA STREET STE 400 PENSACOLA FL 32501	Mailing Address 125 W ROMANA STREET STE 400 PENSACOLA FL 32501
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 04/24/1998	4. FEI Number APPLIED FOR	Applied For Not Applicable
5. Certificate of Status Desired X	\$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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CAMPBELL, JAMES S 125 W ROMANA STREET STE 400 PENSACOLA FL 32501
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10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	BELL, SCOTT J
STREET ADDRESS	125 W ROMANA ST, #400
CITY-ST-ZIP	PENSACOLA FL 32501
TITLE	D <input type="checkbox"/> DELETE
NAME	FOSTER, DANA
STREET ADDRESS	125 W ROMANA ST, #400
CITY-ST-ZIP	PENSACOLA FL 32501
TITLE	D <input type="checkbox"/> DELETE
NAME	TOLAN, JOHN J
STREET ADDRESS	125 W ROMANA ST, #400
CITY-ST-ZIP	PENSACOLA FL 32501
TITLE	D <input type="checkbox"/> DELETE
NAME	HOLLOWAY, J.L.
STREET ADDRESS	2372 HWY 80 WEST
CITY-ST-ZIP	JACKSON MS 39204
TITLE	D <input type="checkbox"/> DELETE
NAME	ST. PE', GERALD
STREET ADDRESS	1000 LITTON ACCESS RD
CITY-ST-ZIP	PASCAGOULA MS 39567
TITLE	D <input type="checkbox"/> DELETE
NAME	TREHERN, W. EDWARD
STREET ADDRESS	2967 MARKET STREET
CITY-ST-ZIP	PASCAGOULA MS 39567

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 1/12/99 856-432-0650  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (11/98)