FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 11 AM 10: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S38085** **(4)**

1. Corporation Name
SKRMETTA CORPORATION

Principal Place of Business
P.O. BOX 10859
PENSACOLA FL 32524

Mailing Address
P.O. BOX 10859
PENSACOLA FL 32524

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/15/1991**

3a. Date of Last Report: **04/11/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **59-3055234** — Applied For / Not Applicable

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

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

City & State — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 — County — 25 — Zip — 29 — County — 30

8. *This corporation has liability for intangible tax under S. 199.032* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PETERSON, CORY E
200 E GOVERNMENT STR
STE 160
PENSACOLA FL 32501

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

11. Pursuant to the provisions of Section [illegible] and [illegible] 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 hereby agree to comply with the provisions of Section [illegible] Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	BISMARK, MARY G.
STREET ADDRESS	1620 AIRPORT BLVD #120
CITY, ST, ZIP	PENSACOLA FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12.

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

2. TITLE ☐ Change ☐ Addition
3. NAME
4. STREET ADDRESS
5. CITY, ST, ZIP

3. TITLE ☐ Change ☐ Addition
4. NAME
5. STREET ADDRESS
6. CITY, ST, ZIP

4. TITLE ☐ Change ☐ Addition
5. NAME
6. STREET ADDRESS
1. CITY, ST, ZIP

5. TITLE ☐ Change ☐ Addition
6. NAME
1. STREET ADDRESS
2. CITY, ST, ZIP

6. TITLE ☐ Change ☐ Addition
1. NAME
2. STREET ADDRESS
3. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 is added in the format with an address.

SIGNATURE: Mary G. Bismark President 5-2-95 904-484-8301

SIGNATURE AND TYPED OR PRINTED NAME OF BONA FIDE OFFICER OR DIRECTOR — Date — Daytime Phone #

0488796 FP