

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S71026 (6)

1. Corporation Name

SKIMMERS, INC.

Principal Place of Business

P.O. BOX 561229
ORLANDO FL 32856-1229

Mailing Address

P.O. BOX 561229
ORLANDO FL 32856-1229



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

SOMMERS, BERNARD D.
235 S. MAITLAND AVE.
MAITLAND FL 32751

3. Date Incorporated or Qualified

08/01/1991

3a. Date of Last Report

04/14/1995

4. FEI Number

59-3079109

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ 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

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME: DST
STREET ADDRESS: RAVENEL, WILLIAM F., JR.
CITY-STATE-ZIP: 2705 NELA AVE.
ORLANDO FL

TITLE ☐ DELETE

NAME: D
STREET ADDRESS: BUCKNER, LUTHER R.
CITY-STATE-ZIP: 909 SWEETBRIAR RD.
ORLANDO FL

TITLE ☐ DELETE

NAME: PD
STREET ADDRESS: BUCKNER, DIANE M.
CITY-STATE-ZIP: 3003 GEORGE MASON AVE.
WINTER PARK FL

TITLE ☐ DELETE

NAME: ☐ DELETE

STREET ADDRESS: ☐ DELETE

CITY-STATE-ZIP: ☐ DELETE

TITLE ☐ DELETE

NAME: ☐ DELETE

STREET ADDRESS: ☐ DELETE

CITY-STATE-ZIP: ☐ DELETE

TITLE ☐ DELETE

NAME: ☐ DELETE

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CITY-STATE-ZIP: ☐ DELETE

TITLE ☐ DELETE

NAME: ☐ DELETE

STREET ADDRESS: ☐ DELETE

CITY-STATE-ZIP: ☐ DELETE

TITLE ☐ DELETE

NAME: ☐ DELETE

STREET ADDRESS: ☐ DELETE

CITY-STATE-ZIP: ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE

CR2E034 (12/95)