

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

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90217 024 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # V16006**

1. Corporation Name  
**SKULL, INC.**



Principal Place of Business  
**460 WALKER STREET  
 HOLLY HILL FL 32017**

Mailing Address  
**460 WALKER STREET  
 HOLLY HILL FL 32017**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/24/1992**

4. FEI Number  
**59-3119711**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 **\$5.00 May Be Added to Fees**

6. Election Campaign Financing Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 **8 TWAYE OAKS**

22 Suite, Apt. #, etc.

23 **ORLANDO BEACH, FL**

24 **32174**

25

2a. Mailing Address

26 **PO MELISSA CLARK DALEY**

27 **THE CARRIAGE HOUSE**

28 **TAMPA, FL**

29 **33611**

30

9. Name and Address of Current Registered Agent

**DALEY, MELISSA CLARK ESQ.  
 THE CARRIAGE HOUSE AT BIGLOW-HELMS  
 4807 BAYSHORE BOULEVARD  
 TAMPA FL 33611**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | STD                   | <input type="checkbox"/> DELETE            |
| NAME           | JONES, JAN            |  |
| STREET ADDRESS | 460 WALKER ST.        |  |
| CITY-ST-ZIP    | HOLLY HILL FL         |  |
| TITLE          | PD                    | <input type="checkbox"/> DELETE            |
| NAME           | JONES, WILLIAM H. JR. |  |
| STREET ADDRESS | 460 WALKER STREET     |  |
| CITY-ST-ZIP    | HOLLY HILL FL         |  |
| TITLE          | D                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | NAPOLITANO, JAMES P   |  |
| STREET ADDRESS | 460 WALKER STREET     |  |
| CITY-ST-ZIP    | HOLLY HILL FL 32017   |  |
| TITLE          |                       | <input type="checkbox"/> DELETE            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> DELETE            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |

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 for an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ **SIGNATURE REQUIRED** **WILLIAM H. JONES JR** (901) 257-1186  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**4-6-99**

CR2E034 (1/198)