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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 22 PM 8:58

DOCUMENT # **V21750** **(7)**

1. Corporation Name
SKID'S PUB, INC.

Principal Place of Business	Mailing Address
2810 BEARSS AVENUE TAMPA FL 33613	2810 BEARSS AVENUE TAMPA FL 33613

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
03/01/1992	04/22/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number **59-3110159** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CRAWFORD, J W 2810 E. BEARSS AVE. TAMPA FL 33613	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 J. W. CRAWFORD 5-30-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	TREAS. ☐ Change ☒ Addition
NAME	SKIDMORE, WILLIAM B	12 NAME	KIMBERLY SKIDMORE
STREET ADDRESS	122 E LOCUST	13 STREET ADDRESS	112 E. LOCUST
CITY-ST-ZIP	MT STERLING KY	14 CITY-ST-ZIP	MT. STERLING KY 40353
TITLE	VP	21 TITLE	SECT. ☐ Change ☒ Addition
NAME	SKIDMORE, ROGER D	22 NAME	J.W. CRAWFORD
STREET ADDRESS	2922 RAMADA DR	23 STREET ADDRESS	2810 E. BEARSS AVE
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	TAMPA, FLA 33610
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	ROCK, MARY	32 NAME	
STREET ADDRESS	13143 CENTER AVE. Removed	33 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	BRITTEN, SUE	42 NAME	
STREET ADDRESS	10111 ASHLEY ST. Removed	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	RITTALL, BOBBIE	52 NAME	
STREET ADDRESS	3405 PINE RUN LANE Removed	53 STREET ADDRESS	
CITY-ST ZIP	LUTZ FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	STEINBRAKER, HARRIET	62 NAME	
STREET ADDRESS	9506 TARPON SPRINGS RD. Removed	63 STREET ADDRESS	
CITY-ST ZIP	ODESSA FL	64 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 the 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: 5-30-95 813-971-0660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
ROGER D. SKIDMORE

0303148 CP