

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 JUL -5 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V24624 (1)

1. Corporation Name

SKIP & CO. PUBLISHING/PROMOTION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 5644
JACKSONVILLE FL 32247

1914 BEACHWAY ROAD
SUITE 2M
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/25/1992** 3a. Date of Last Report: **08/16/1994**

4. FEI Number: **59-3133000** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Taxable Campaign Financing: \$5.00 May Be Added to Fees

7. Does corporation wish liability for employment tax under a Florida Statute: Yes No

2. Principal Place of Business

2a. Mailing Address

21 **1914 Beachway Road**

20 **P.O. Box 5644**

22 **Suite 2M**

27

23 **Jacksonville FL**

28 **Jacksonville FL**

24 **32207** 25 **DUAL**

29 **32247** 30 **DUAL**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WINKLER, JOHN S
2515 OAK STREET
JACKSONVILLE FL 32204**

61 Name
62 Street Address (P.O. Box Number is Not Accepted)
63
64 City **FL** 65 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 provisions of Section 607.0605, Florida Statutes.

SIGNATURE

Signature of person authorized to register with the Division of Corporations

Signature of person authorized to register with the Division of Corporations

(Date)

12. OFFICERS AND DIRECTORS

13. ALL INFORMATION MUST BE PROVIDED IN THIS SECTION

NAME	TITLE	STREET ADDRESS	CITY	STATE	ZIP
D LIVINGSTON, LEWIS PO BOX 5644 N/A JACKSONVILLE FL					
D LIVINGSTON, GWYNETH LEE PO BOX 5644 N/A JACKSONVILLE FL					

TITLE	STREET ADDRESS	CITY	STATE	ZIP	Change	Addition
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), Florida Statutes. I further certify that the information submitted on this annual report or biennial 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 person 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 of this report or an attachment with an address.

SIGNATURE: *[Signature]* **LEWIS LIVINGSTON**
PRINT NAME AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 29 '95 904-397-0818
Date (Month/Day/Year)

CR2E034 (3/95)