FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

DOCUMENT # 168798 (7)

DALE MABRY SKYWAYS, INC.

APPROVED

TALLAHASSEE, FLORIDA

2666 STONEBROOK CT
ROSWELL GA 30075

2666 STONEBROOK CT.
ROSWELL GA 30075

3. Date Incorporated/Qualified: 04/25/1952

3a. Date of Last Report: 08/10/1994

4. FEI Number: 59-0857897 — 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. Is the corporation transacting business under a fictitious name in Florida? [ ] Yes [X] No

9. Name and Address of Current Registered Agent

JOHNSON, MARTHA M
818 SO WILLOW AVE
TAMPA FL 33606

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 607.0505, 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. The 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

12. OFFICERS AND DIRECTORS

TYPE	PDT
NAME	MOSELEY,CARL L
ADDRESS	2666 STONEBROOK CT.
CITY ST ZIP	ROSWELL GA
TYPE	SD
NAME	JOHNSON, MARTHA M
ADDRESS	818 S WILLOW AVE
CITY ST ZIP	TAMPA, FL 00000
TYPE	T
NAME	MOSELEY, SUE E. (ASST)
ADDRESS	2666 STONEBROOK CT.
CITY ST ZIP	ROSWELL GA
TYPE	S
NAME	JOHNSON, JAMES H (ASST)
ADDRESS	818 S WILLOW AVE
CITY ST ZIP	TAMPA FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (IN 1)

TYPE	[ ] Change [ ] Addition
NAME	
ADDRESS	
CITY ST ZIP	
TYPE	[ ] Change [ ] Addition
NAME	
ADDRESS	
CITY ST ZIP	
TYPE	[ ] Change [ ] Addition
NAME	
ADDRESS	
CITY ST ZIP	
TYPE	[ ] Change [ ] Addition
NAME	
ADDRESS	
CITY ST ZIP	
TYPE	[ ] Change [ ] Addition
NAME	
ADDRESS	
CITY ST ZIP	
TYPE	[ ] Change [ ] Addition
NAME	
ADDRESS	
CITY ST ZIP	

14. I hereby certify that the information contained herein, including any attachments, is true and correct to the knowledge and belief of the undersigned, subject to the penalties prescribed for filing a false report under the provisions of Section 607.0505, Florida Statutes. I further certify that the corporation has complied with the requirements of Section 607.0505, Florida Statutes, and that the corporation is in compliance with all applicable provisions of the Florida Business Corporation Act.

SIGNATURE: Carl L. Moseley PRES. CARL L. MOSELEY 4/28/95 (404) 992-0653

SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR

0398473 FP