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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 168798

(7)

DALE MABRY SKYWAYS, INC.

FILED May 05 1998 8:00am Secretary of State

		, , , , , , , , , , , , , , , , , , ,					
Principal Place of Business		Mailing Address			r sammer friting misser smitt indelik eftrikt fatt) di	'And Britan Arabit Atalia Bratil Arabit	1 1991
2696 STONEBROOK CT. ROSWELL GA 30075		2666 STONEBROOK CT. ROSWELL GA 30075					
1					DO NOT WRITE IN	I THIS SPACE	···-
					3. Date Incorporated or Qualified		
2. Principal P	lace of Business	2a. Mailing Address	······································		04/25/1952 4. FEI Number	- Annlin	٠
21		26			59-0857897	Applied	plicable
Suite, Apt. #, etc		Suite, Apt. #, etc.				- \$8.75 Addit	
22		27			5. Certificate of Status Desired	Fee Require	
City & State		City & State		6. Election Campaign Financing	\$5.00 May	/ Be	
23		28		Trust Fund Contribution [Added to Fe		
Zip	Country	Zip	Country		8. This corporation owes or has paid	the current year Intangil	ble
24	[25] [29] [30]		30		Personal Property Tax due June 30. Yes No		
<u> </u>	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regis	itered Agent	
JOHNSON, MARTHA M			8	1 Name	ı		
	3 \$0 WILLOW AVE		8:	2 Street	Address (P.O. Box Number is Not Acceptable)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
TAI	MPA FL 33606		8				
			10	"			
			8	4 City		85 Zip Code	9
11 Purcuant	to the rymyisions of Soctions 607.0503	2 and 607 1508 Florida State	the the abo	un-named	corporation submits this statement for the pur	FL	nistored
Office or r	egistered agent, or both, in the State i	of Florida. Such change was	authorized b	by the cor	poration's board of directors. I hereby accept t	he appointment as regis	slered
	m familiar with, and accept the obliga	tions of, Section 607.0505, F	iorida Statuti	38.			
SIGNATURE	Signature, typed or photed name of registered ages	Land trie d'applicable (NC	It Reputered A	pent signature	e required when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER		12
TITLE	₩-	DELETE	1.1 TITLE		STD	Change 🔲	Addition
NAME	MOSELEY, CARL L		1.2 NAME				
STREET ADDRESS	2666 STONEBROOK CT.	1.3 STREET ADDRESS		(SAME Name & ADPRISO	·)		
CITY-ST-ZIP	ROSWELL GA		1.4 CITY	\$1 - ZIP	<u> </u>	<u>-</u>	
TITLE	VPD6	☐ DELETE	2.1 TITLE		CVPSD	Change □	Addition
NAME	Johnson, Martha M		2.2 NAME		(SAME NAME É ADDRESS	}	
STREET ADDRESS	818 S WILLOW AVE		2.3 STREI	T ADDRESS	CHINE PARTIES AND	,	
CITY-ST-ZIP	TAMPA, FL 00000		2. 4 CITY - ST - 7IP				
TITLE	P	☐ DELETE	3.1 TITLE		P	C\ □X*Change □	Addition
NAME	MOSELEY, SUE E. (ASS T)		3.2 NAME		(BAME NAME & ADDRES	٠)	
STREET ADDRESS	2666 STONEBROOK CT.		3.3 STREE	1 ADDRESS			
CITY-ST-ZIP	ROSWELL GA	- Delete	3.4. CITY	-ST-ZIP			1 4 4 195
TITLE	ADUNCON INNCOLLADOD	☐ DELETE	4.1 TITLE		VP		Addition
NAME	JOHNSON, JAMES H (ASST)		4. 2 NAM		(HSST)	2	
STREET ADDRESS	818 S WILLOW AVE TAMPA FL			T ADDRESS	(ASST) (SAME NAMU ! A OPRE	(22	
CITY-ST-ZIP TITLE	IAMPA PL	DELETE	4.4 CITY- 5.1 TITLE	SI-ZIP			Addition
NAME		otten	5.1 INCE				TANGERUH
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY-				
TITLE			6.1 TITLE	OL- TII		Change	Addition
NAME			6.2 NAME				
STREET ADDRESS				T ADDRESS			
City St. 7IP			S A DITY				

14. Thereby 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, or on an attachment with an address.