

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90159 022 ***150.00

DOCUMENT # 168798

1. Corporation Name

DALE MABRY SKYWAYS, INC.

Principal Place of Business

2666 STONEBROOK CT.
ROSWELL GA 30075

Mailing Address

2666 STONEBROOK CT.
ROSWELL GA 30075

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1952

4. FEI Number

59-0857897

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE STD ☐ DELETE

NAME MOSELEY, CARL L
STREET ADDRESS 2666 STONEBROOK CT.
CITY-ST-ZIP ROSWELL GA

TITLE CVSD ☐ DELETE

NAME JOHNSON, MARTHA M
STREET ADDRESS 818 S WILLOW AVE
CITY-ST-ZIP TAMPA, FL 00000

TITLE P ☐ DELETE

NAME MOSELEY, SUE E. (ASST)
STREET ADDRESS 2666 STONEBROOK CT.
CITY-ST-ZIP ROSWELL GA

TITLE AVP ☐ DELETE

NAME JOHNSON, JAMES H (ASST)
STREET ADDRESS 818 S WILLOW AVE
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CSD
JOHNSON, Martha M
818 S WILLOW AVE
TAMPA FL 33606

P
MOSELEY, SUE E
2666 STONEBROOK CT
ROSWELL GA 30075

VP
JOHNSON, JAMES H
818 S WILLOW AVE
TAMPA FL 33606

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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sue E Moseley
SUE E MOSELEY

march 2, 1999

(770) 9920653

CR2E034 (1/98)