

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 3:30

DOCUMENT # 457683

(1)

1. Corporation Name

SKYLINE INDUSTRIES, INC.

Principal Place of Business

**851 CAPE CORAL PKWY
CAPE CORAL FL 33904
US**

Mailing Address

**5209 S.W. 8TH PLACE
CAPE CORAL FL 33914
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/30/1974

3a. Date of Last Report

04/26/1994

4. FEI Number

59-1549614

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEBB, RICHARD
5209 SW 8TH PLACE
CAPE CORAL FL FL 33914**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	WEBB, RICHARD W
STREET ADDRESS	5209 SW 8TH PLACE
CITY - ST - ZIP	CAPE CORAL, FL 00000
TITLE	TSD
NAME	WEBB, DONNAH M
STREET ADDRESS	5209 SW 8TH PLACE
CITY - ST - ZIP	CAPE CORAL, FL 00000
TITLE	VD
NAME	HARKCOM, MICHAEL R.
STREET ADDRESS	1831 SPRINGWOOD LN
CITY - ST - ZIP	DELTONA FL
TITLE	V
NAME	BIRKELAND, STEPHEN P J
STREET ADDRESS	4013 STATE HWY 25 NO
CITY - ST - ZIP	BUFFALO MI
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or any supplemental annual report is true and correct, and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of this corporation or the registered agent or authorized representative to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: RICHARD WEBB

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4-8-95 8/3-542-7183

DATE

Signature Printed