

**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

DOCUMENT # 558154

(1)

1. Corporation Name

SKYWARD CORPORATION

Principal Place of Business

**8606 MAGNOLIA ST
GIBSONTON FL 33534**

Mailing Address

**8606 MAGNOLIA ST
GIBSONTON FL 33534**

**APPROVED
AND
FILED**

95 JUL -5 AM 8:54

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/26/1978	3a. Date of Last Report 06/20/1994
4. FBI Number 59-1801255	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 totally reorganized under a 1995 Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. County	29. County
25. County	30. County

9. Name and Address of Current Registered Agent

**WEIR, BRUCE E
8606 MAGNOLIA STREET
GIBSONTON FL 33534**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL

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

Agent's typed or printed name and signature must be on this signature

(Signature) Agent's signature must be on this signature

(Date)

12. OFFICERS AND DIRECTORS		13. ALL EXISTING CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME	V WEIR, BRUCE E 8606 MAGNOLIA ST. GIBSONTON FL	1. TITLE	☐ Change ☐ Addition
STREET ADDRESS		2. NAME	
CITY, STATE, ZIP		3. STREET ADDRESS	
		4. CITY, STATE, ZIP	
NAME	SDT WEIR, BEVERLY A 8606 MAGNOLIA ST. GIBSONTON FL	5. TITLE	☐ Change ☐ Addition
STREET ADDRESS		6. NAME	
CITY, STATE, ZIP		7. STREET ADDRESS	
		8. CITY, STATE, ZIP	
NAME	P WEIR, BRUCE E 8606 MAGNOLIA ST. GIBSONTON FL	9. TITLE	☐ Change ☐ Addition
STREET ADDRESS		10. NAME	
CITY, STATE, ZIP		11. STREET ADDRESS	
		12. CITY, STATE, ZIP	
NAME		13. TITLE	☐ Change ☐ Addition
STREET ADDRESS		14. NAME	
CITY, STATE, ZIP		15. STREET ADDRESS	
		16. CITY, STATE, ZIP	
NAME		17. TITLE	☐ Change ☐ Addition
STREET ADDRESS		18. NAME	
CITY, STATE, ZIP		19. STREET ADDRESS	
		20. CITY, STATE, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not specify for the information stated in Section 607.0704, Florida Statutes. I further certify that the information included 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 incorporator or organizer registered to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE:

Bruce E Weir
Bruce E Weir

SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR

Jun 18 95
813 621 7332

CR2E034 (3/95)