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AND
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95 MAY - 1 PM 12: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **F94000004885 (9)**

1. Corporation Name
SKYCAP, INC.

Principal Place of Business Mailing Address

PO BOX 88029 MOBILE AL 36608 PO BOX 88029 MOBILE AL 36608

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified **09/21/1994** 3a. Date of Last Report

4. FEI Number **63-0940171** 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**BRYANT, DAVID
3930 BAYOU BLVD
PENSACOLA FL 32503**

10. Name and Address of New Registered Agent

81 Name **Edward E. Eden**

82 Street Address (P.O. Box Number is Not Acceptable) **2636 West Mission Rd., Lot 157**

83

84 City **Tallahassee** FL 85 Zip Code **32304**

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 607.0502, Florida Statutes.

SIGNATURE Edward E. Eden DATE 4-26-95

Signature (to be printed) name of registered agent and his or her applicable title. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAINES, JEAN O	1 2 NAME	
STREET ADDRESS	PO BOX 88029	1 3 STREET ADDRESS	
CITY - ST - ZIP	MOBILE AL 36608	1 4 CITY - ST - ZIP	
TITLE	STD	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAGGETT, JAMES C	2 2 NAME	
STREET ADDRESS	PO BOX 88029	2 3 STREET ADDRESS	
CITY - ST - ZIP	MOBILE AL 36608	2 4 CITY - ST - ZIP	
TITLE		3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY - ST - ZIP		3 4 CITY - ST - ZIP	
TITLE		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY - ST - ZIP		4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		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 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jean O. Raines #/25/95 334-633-3848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEAN O. RAINES