

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

FILED

Jan 17 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # G46654

(1)

1. Corporation Name:

SKYWAY TRUCKING, INC.

Principal Place of Business:

5061 2ND AVE SW  
5061 2ND AVE SW  
NAPLES FL 33999  
US

Mailing Address:

5061 2ND AVE SW  
5061 2ND AVE SW  
NAPLES FL 34119-2527  
US

3. Date Incorporated or Qualified

06/28/1983

3a. Date of Last Report

03/21/1996

4. FEI Number

59-2305723

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes ☒ No

2. Principal Place of Business:

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip Country

24 34119-2527 25

2a. Mailing Address:

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip Country

29 34119-2527 30

9. Name and Address of Current Registered Agent

DAVIS SR., RONALD J.  
5061 2ND AVENUE SE  
NAPLES FL 33999

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  
34119

11. Pursuant to the provisions of Sections 607.0102 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 of person making change or changes and filing application.

(NOTE: Registered Agent's signature required when reinstating)

DATE

JAN. 10, 1997

12. OFFICERS AND DIRECTORS

TITLE S ☐ DELETENAME DAVIS, KATHLEEN M  
STREET ADDRESS 5061 2ND AVE SW  
CITY-ST-ZIP NAPLES, FL 00000TITLE PTD ☐ DELETENAME DAVIS SR., RONALD J.  
STREET ADDRESS 5061 2ND AVENUE SW  
CITY-ST-ZIP NAPLES FLTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
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 ☐ 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 10 1997

Date

941 455 4277

Daytime Phone #

0415888

CR2E034 (9/96)