

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

FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G46654** (1)
1. Corporation Name
SKYWAY TRUCKING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5061 2ND AVE SW 5061 2ND AVE SW NAPLES FL 34119-2527 US		Mailing Address 5061 2ND AVE SW 5061 2ND AVE SW NAPLES FL 33999 US	
2. Principal Place of Business 5061 MAHOGANY RIDGE DR		2a. Mailing Address 5061 MAHOGANY RIDGE DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NAPLES, FL.		City & State NAPLES, FL.	
Zip 34119	Country USA	Zip 34119	Country USA
9. Name and Address of Current Registered Agent DAVIS SR., RONALD J. 5061 2ND AVNEUE SE NAPLES FL 34119		10. Name and Address of New Registered Agent RONALD J. DAVIS SR. 5061 MAHOGANY RIDGE DRIVE NAPLES, FL 34119	
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.		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE S	<input checked="" type="checkbox"/> DELETE	1.1 TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAVIS, KATHLEEN M		1.2 NAME KATHLEEN M. DAVIS	
STREET ADDRESS 5061 2ND AVE SW		1.3 STREET ADDRESS 5061 MAHOGANY RIDGE DRIVE	
CITY-ST-ZIP NAPLES, FL 00000		1.4 CITY-ST-ZIP NAPLES, FL. 34119	
TITLE PTD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAVIS SR., RONALD J.		2.2 NAME RONALD J. DAVIS SR.	
STREET ADDRESS 5061 2ND AVENUE SW		2.3 STREET ADDRESS 5061 MAHOGANY RIDGE DRIVE	
CITY-ST-ZIP NAPLES FL		2.4 CITY-ST-ZIP NAPLES, FL. 34119	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: **RONALD J. DAVIS SR.** 1/26/98 941-455-4277

CR2E034 (10/97)