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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # G46654 Corporation Name

SKYWAY TRUCKING, INC.

rincipal	Place	of	Business		

Mailing Address

FILED Feb 05, 1999 8:00am **Secretary of State**

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MAHOGA LES FL 34	NY RIDGE DR 119	5061 MAHOGANY RIDGE (NAPLES FL 34119 US	OR .		DO NOT V 3. Date Incorporated or Qualifi 06/28/1983	VRITE IN THI	S SPACE	
Principal P	lace of Business	2a. Mailing Address		*****	4. FEI Number		114	Applied For
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.						Additional
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,	•	28			6. Election Campaign Financia Trust Fund Contribution	ng 🗀		May Be I to Fees
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	9. Name and Address of Current	120	<u> 1301</u>		Personal Property Tax. 10. Name and Address of Ne	w Ponietoros		(MINO
		registered Agent		81 Name	10. Name and Address of Ne	w registered	Agent	
DAV	IS SR., RONALD J.			110	•			
1	MAHOGANY RIDGE DRIVE			82 Street	Address (P.O. Box Number is Not Acce	eptable)		
	LES FL 34119			83	2	· · · · · · · · · · · · · · · · · · ·		
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Pursuant office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	and 607:1508, Florida Statut Florida. Such change was a ons of, Section 607:0505, Flo	es, the at uthorized rida Statu	ove-named by the corp- tes.	corporation submits this statement for so oration's board of directors. I hereby ac	the purpose o cept the appo	f changing it intment as r	s registered egistered
NATURE	Signature, hand or printed name of recietured agent a	and title if applicable /AICTE	Domintored					
NATURE	Signature, typed or printed name of registered agent a		_		equired when reinstating) , \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DATE OFFICERS A	ND DIDECT	ODE IN 42
NATURE	OFFICERS AND	DIRECTORS	13.	Agent signature i	equired when reinstating). ADDITIONS/CHANGES TO			
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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, with all other like empowered.

IGNATURE:

-ST-ZIP

941 - 455 - 4277 Daytime Phone #

CR2E034 (11/98)