


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

FILED  
Mar 30 1998 8:00am  
Secretary of State

|   |   |  |
|---|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # J23313 (6)

1. Corporation Name  
SKYWAY CHILI, INC.

Principal Place of Business

1230 S MYRTLE AVENUE  
SUITE 101  
CLEARWATER FL 34616

Mailing Address

1230 S MYRTLE AVENUE  
SUITE 101  
CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/09/1986

4. FEI Number

59-2741634

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

GUTHRIE, J. MARVIN  
1230 S MYRTLE AVENUE  
SUITE 101  
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------|---|---|
| TITLE                      | PSD                    | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SCHAEFER, GEORGE D.    | 1.2 NAME  |   |
| STREET ADDRESS             | 1212 SUNSET DRIVE      | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | CLEARWATER FL          | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | D                      | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SCHWAB, THOMAS O.      | 2.2 NAME  |   |
| STREET ADDRESS             | 800 PONCE DE LEON BLVD | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | BELLEAIR FL            | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      | D                      | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MCCLURE, JOHN M.       | 3.2 NAME  |   |
| STREET ADDRESS             | 2401 MARGOLIN LANE     | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | CLEARWATER FL          | 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 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 as an attachment with an affidavit.

SIGNATURE:

*Thomas Schwab*

CR2E034 (10/97)