FILE NO[redacted]LING FEE AFTER MAY 1ST IS $550.00

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
DIVISION OF CORPORATIONS

DOCUMENT # **L32045** **(1)**

1. Corporation Name
SKY-TEC MANUFACTURING INC.

Principal Place of Business	Mailing Address
3106 CYPRESSWOOD BLVD WINTER HAVEN FL 33884 US	3106 CYPRUSWOOD BLVD WINTER HAVEN FL 33884 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 22509 N. Robertson Drive Suite, Apt. #, etc. 22 City & State 23 Sun City West, AZ Zip 24 85375 Country 25 USA	2a. Mailing Address 26 22509 N. Robertson Drive Suite, Apt. #, etc. 27 City & State 28 Sun City West, AZ Zip 29 85375 Country 30 85375

3. Date Incorporated or Qualified
11/28/1989

4. FEI Number
59-2980581
☐ 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

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

9. Name and Address of Current Registered Agent
WILLIAMS, THOMAS C.
3106 CYPRESSWOOD BLVD.
WINTER HAVEN FL FL 33884

10. Name and Address of New Registered Agent
81 Eric B. Adamson
82 122 West Central Avenue
83 Winter Haven, FL
84 85 33880

11. Pursuant to the provisions of Section 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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE [signature] 4/29/98
(Signature, type or printed name of Registered Agent and Title, if any) (Registered Agent's signature required when reinstating) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME	WILLIAMS, THOMAS C.		1.2 NAME
STREET ADDRESS	22509 N Robertson Dr		1.3 STREET ADDRESS
CITY-ST-ZIP	Sun City West, AZ 85375		1.4 CITY-ST-ZIP
TITLE	VU	☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	ROCHESTER, D. EUGENE		2.2 NAME
STREET ADDRESS	265 W. HALFWAY BRANCH RD.		2.3 STREET ADDRESS
CITY-ST-ZIP	WALHALLA SC		2.4 CITY-ST-ZIP
TITLE	D	☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME	WILLIAMS, THOMAS, C		3.2 NAME
STREET ADDRESS	22509 N Robertson Dr		3.3 STREET ADDRESS
CITY-ST-ZIP	Sun City West, AZ 85375		3.4 CITY-ST-ZIP
TITLE		☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS JLS/8
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP DEP. $150.00

CR2E034 (10/97)

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: [signature] 3/4/98 [illegible]