

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # **P92000006989 (7)**

95 MAY -1 AM 10:15

1. Corporation Name

**SKYWALKER ENTERPRISES, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**6108 ARLINGTON RD.  
JACKSONVILLE FL 32211**

Mailing Address  
**3918 SE 75TH TERR.  
ALACHUA FL 32615**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/20/1992** 3a. Date of Last Report **04/29/1994**

4. FEI Number **59-3155773** 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 has liability for intangible tax under S. 100.002, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.

22 City & State 27 City & State

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**ARNOLD, JAMES A  
3918 S.E. 75TH TERRACE  
ALACHUA FL 32615**

10. Name and Address of New Registered Agent  
81 Name **Carlson, William K.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**6315 SW 35th Way**  
84 City **Gainesville, FL** 85 Zip Code **32608**

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]* DATE **5-12-95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**  
NAME **SCHOSSLER, WILLIAM R**  
STREET ADDRESS **RT 3 BOX 387-F**  
CITY-ST-ZIP **CHIEFLND FL**

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE **D**  
NAME **ARNOLD, JAMES A**  
STREET ADDRESS **3918 SE 75TH TER**  
CITY-ST-ZIP **ALACHUA FL**

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE **D**  
NAME **CARLSON, WILLIAM K**  
STREET ADDRESS **971 VISCAYA BLVD**  
CITY-ST-ZIP **ST AUGUSTINE FL**

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE **S**  
NAME **LANCASTER, HOWELL E**  
STREET ADDRESS **P O BOX 1258**  
CITY-ST-ZIP **TRENTON FL**

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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, trustee, or assignee empowered to execute this report as required by Chapter 107, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE **4-21-95**