

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P92000006989 (7)**

1. Corporation Name

SKYWALKER ENTERPRISES, INC.



Principal Place of Business

Mailing Address

**6108 ARLINGTON RD.
JACKSONVILLE FL 32211**

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

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. **6315 SW 35th Way**

22. City & State

27. Suite, Apt. #, etc.

23. Zip

Country

28. **Gainesville, FL**

24. Zip

Country

29. **32608**

30. Country

9. Name and Address of Current Registered Agent

**CARLSON, WILLIAM K
6315 SW 35TH WAY
GAINESVILLE FL 32608**

3. Date Incorporated or Qualified

11/20/1992

3a. Date of Last Report

05/01/1995

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. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

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 the applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ DELETE
SCHOSSLER, WILLIAM R
RT 3 BOX 387-F
CHIEFLND FL
D ☐ DELETE
ARNOLD, JAMES A
3918 SE 75TH TER
ALACHUA FL
D ☐ DELETE
CARLSON, WILLIAM K
971 VISCAYA BLVD
ST AUGUSTINE FL
S ☐ DELETE
LANCASTER, HOWELL E
P O BOX 1256
TRENTON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
2.1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition
☐ Change ☐ Addition
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☐ Change ☐ Addition

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Mo/Phone #

CR2E034 (12/95)