

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

3. Date Incorporated or Qualified 11/20/1992
3a. Date of Last Report 05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 6315 SW 35th Way
27 Suite, Apt. #, etc.

4. FEI Number 59-3155773
Applied For Not Applicable

22 City & State

28 Gainesville, FL 32608
29 32608 30

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip

28 Gainesville, FL 32608
29 32608 30

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Country

29 32608 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 filer, if applicable (NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOSSLER, WILLIAM R	12 NAME	
STREET ADDRESS	RT 3 BOX 387-F	13 STREET ADDRESS	
CITY-ST-ZIP	CHIEFLND FL	14 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD, JAMES A	22 NAME	
STREET ADDRESS	3918 SE 75TH TER	23 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSON, WILLIAM K	32 NAME	
STREET ADDRESS	971 VISCAYA BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	34 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANCASTER, HOWELL E	42 NAME	
STREET ADDRESS	P O BOX 1256	43 STREET ADDRESS	
CITY-ST-ZIP	TRENTON FL	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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:

William K. Carlson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-6-96
Date

Day(s): Phone #

CR2E034 (12/95)