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Feb 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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
6108 ARLINGTON RD.
JACKSONVILLE FL 32211

Mailing Address
6315 SW 35TH WAY
GAINESVILLE FL 32608-5258
US

3. Date Incorporated or Qualified 11/20/1992	3a. Date of Last Report 02/09/1996
4. FEI Number 59-3155773	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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

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

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]* DATE: *[Date]*

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHOSSLER, WILLIAM R	
STREET ADDRESS	RT 3 BOX 387-F	
CITY - ST - ZIP	CHIEFLND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARNOLD, JAMES A	
STREET ADDRESS	3918 SE 75TH TER	
CITY - ST - ZIP	ALACHUA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARLSON, WILLIAM K	
STREET ADDRESS	971 VISCAYA BLVD	
CITY - ST - ZIP	ST AUGUSTINE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LANCASTER, HOWELL E	
STREET ADDRESS	P O BOX 1256	
CITY - ST - ZIP	TRENTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>William K. Carlson</i>
3.3 STREET ADDRESS	<i>6315 SW 35th Way</i>
3.4 CITY - ST - ZIP	<i>GAINESVILLE, FL 32608</i>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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]* WILLIAM K. CARLSON 2-3-97 562-318-9950

CR2E034 (9/96)