SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P92000006989 (7)

SKYWALKER ENTERPRISES, INC.

Principal Place of Business CHING ARRINGTON RD

Mailing Address

6315 SW 35TH WAY

FILED Sep 23 1998 8:00am Secretary of State



JACKSONVILLE FL 32211		GAINESVILLE FL 32608			
		U\$		DO NOT WRITE IN THIS SPACE	
1				3. Date Incorporated or Qualified	
0. 50000016	171. 17 6	lactical and additionant		11/20/1992 4. FEI Number Applied For	
2. Principal Place of Business 2a. Mailing Address			101 T. 00		
21		26 10906 N.W	OI IFKK		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional	
27 Cita 8 State				Fee Required	
		28 Hinchun	E	6. Election Campaign Financing \$5.00 May Be	
23		28 1111 churt		Trust Fund Contribution	
Zιρ	Country	トー後のんして ト	-¬Country	This corporation owes or has paid the current year Intangible	
24	25	1771 W Y	o us	Personal Property Tax due June 30. Yes No	
	9. Name and Address of Current	Registered Agent	04 Norrow	10. Name and Address of New Registered Agent	
	LSON, WILLIAM K		81 Name	laining A Henold TIT	
6315 SW 35TH WAY 82 Street Address (P.O. Box Number is Not Acceptable)					
GAINESVILLE FL 32608				104 DLO (1) 1822 ACE	
			83	,	
1	· · · · · · · · · · · · · · · · · · ·		84 City	TOP Zin Code A	
	84 City 1 1 1 1 1 1 1 1 1				
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					
11. Pursuant to the provisions of sections 607.0507 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 Staty of Storida. Such change was authorized by the corporation's board of directors. I hereby accept the approintment as registered agent, am familiar with, any accept the approintment as registered agent, am familiar with, any accept the approintment as registered agent, am familiar with, any accept the approintment as registered agent, am familiar with, any accept the approintment as registered agent, and familiar with a purpose of changing its registered of the appropriation submits this statement for the purpose of changing its registered of the appropriation submits this statement for the purpose of changing its registered of the appropriation submits this statement for the purpose of changing its registered of the appropriation submits this statement for the purpose of changing its registered of the appropriation submits this statement for the purpose of changing its registered of the appropriation submits the appropriation submits the appropriation submits the appropriation of the appropriation submits the appropriation submits the appropriation submits the appropriation of the appropriation submits the appropriation submi					
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SIGNATURE Signature, type of April of a Market and the fragranuable (NOTE: Registered Agent signature required when reinstalling) ATE					
12.	OFFICERS AND		13,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE	Change Addition	
NAME	SCHOSSLER, WILLIAM R	[1.2 NAME	Oldingo () / Notifical	
STREET ADDRESS	RT 3 BOX 387-F		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHIEFLND FL		1.4 CITY-ST-ZIP		
TITLE	n	DELETE	2 (7) T	D Change Addition	
NAME	ARNOLD, JAMES A	[] nere (¢	2.2 NAME	ARNOID, JONES A 10906 NW 61 TERRACE Alachua, Fr. 32615	
, ,	3918 SE 75TH TER		23 STREET ADDRESS	MODIL AND IN TERMAN	
STREET ADDRESS	ALACHUA FL		23 STREET ADDRESS	Olash in 15 30 15	
CITY-ST-ZIP TITLE	D	M	2.4 CITY-ST-ZIP 3.1 TITLE	HINCHUM TO JOHUIN	
		DELETE		Change Addition	
NAME	CARLSON, WILLIAM K		3.2 NAME		
STREET ADDRESS	6315 SW 35TH WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		3.4 C/1Y-S1-ZIP		
TITLE	5	DELETE	4.1 TITLE	Change [] Addition	
NAME	LANCASTER, HOWELL E		4.2 NAME		
STREET ADDRESS	P O BOX 1256		4.3 STREET ADDRESS		
CITY-ST-ZIP	TRENTON FL	·	4.4 CITY-ST-ZIP		
THILE		DELETE	51 TITLE	Change Addition	
NAME			5.2 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	Change Addition	
NAME			6.2 NAME		
\$TREET ADDRESS	1		6.3 STREET ADDRESS		
CITY-ST-ZIP	^ /		6.4 CITY-ST-ZIP		
	ertify that the information adjusted with the	is filing does not qualify for the		section 119.07(3)(i), Florida Statutes. I further certify that the information	