

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).

FILED

Sep 23 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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: 6100 ARLINGTON RD. JACKSONVILLE FL 32211  
 Mailing Address: 6315 SW 35TH WAY GAINESVILLE FL 32608 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23  
 Zip Country  
 24 25

2a. Mailing Address  
 26 10906 N.W. 61 TERRACE  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28 Alachua FL  
 Zip Country  
 29 32615 30 US

3. Date Incorporated or Qualified  
 11/20/1992

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

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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 James A. Arnold III  
 82 Street Address (P.O. Box Number is Not Acceptable) 10906 NW 61 TERRACE  
 83  
 84 City Alachua FL 85 Zip Code 32615

11. Pursuant to the provisions of sections 607.050 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 provisions of section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 9/8/98

(NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOSSLER, WILLIAM R	1.2 NAME	
STREET ADDRESS	RT 3 BOX 387-F	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHIEFLND FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD, JAMES A	2.2 NAME	ARNOLD, James A
STREET ADDRESS	3918 SE 75TH TER	2.3 STREET ADDRESS	10906 NW 61 TERRACE
CITY-ST-ZIP	ALACHUA FL	2.4 CITY-ST-ZIP	Alachua, FL 32615
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information provided 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 for an attachment with an address.

SIGNATURE: *[Signature]* DATE: 9/9/98 904 462-2583

CR2E034 (5/98)