

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000083357 (2)

1. Corporation Name

SKY KING LEASING, INC.

Principal Place of Business

**2235 BREVARD ROAD N.E.
ST. PETERSBURG FL 33704**

Mailing Address

**2235 BREVARD ROAD N.E.
ST. PETERSBURG FL 33704**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/10/1993

3a. Date of Last Report

03/24/1994

4. FEI Number

59-2325343

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

2. Principal Place of Business

21 3301 Maple Street NE

2a. Mailing Address

26 3301 Maple Street NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 St. Petersburg FL

City & State

28 St. Petersburg FL

Zip

Country

24 33704

25

Zip

Country

29 33704

30

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARNEY, MARY JO
ONE PROGRESS PLAZA
BARNETT TOWER STE. 1210
ST. PETERSBURG FL 33701**

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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

4-14-95

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
IVAS, RICHARD T
621 BAY LAUREL COURT NORTHEAST
ST. PETERSBURG FL 33703**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WALLACE, ANDREW L
2235 BREVARD ROAD N.E.
ST. PETERSBURG FL 33704**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
FUNK, JOHN
6821 PINEHURST DRIVE
SEMINOLE FL 34647**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(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

4-14-95

813-821-6236