FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000008223 (7)

SKC LO	OGISTICS, INC.		` /				
Principal Plac	ce of Business	Mailing Addres	s			t samitam inn amit minit natit daint guist gaist gaist gaist	i inion (tala dinan insi 1911)
5520 FRANCS LAKELAND FI	SIS PIPKIN ROAD L 33813	5520 FRANCSIS PIPKIN ROAD LAKELAND FL 33813				DO NOT WRITE IN THIS	SPACE
						3. Date Incorporated or Qualified	
						01/24/1994	
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	Applied For
<u> </u>		26				59-3238143	Not Applicab
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Cily & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 4	Country 25	Zip 29	Co 30	untry			Yes X No
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Registered	Agent
	01 SWINDELL ROAD ANT CITY FL 33565			63		dress (P.O. Box Number is Not Acceptable)	
				84	City	FL	85 Zip Code
11. Pursuant office or a agent. I a	to the provisions of Sections 607, registered agent, or both, in the Sam familiar with, and accept the o	.0502 and 607,1508, Flor itale of Florida. Such cha bligations of, Section 607	ida Statutes, the a nge was authorize 7.0505, Florida Sta	above ed by stutes	named corpora the corpora	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the app	changing its registere pintment as registered
SIGNATURE	Silgnature, typed or pointed name of registere	et assent and little if applicable	(NOTE: Register	ed Age	ni signature regi	ured when reinstating) DATE	
12. OFFICERS AND DIRECTORS						ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	P		ELETE 1.1 1	13. 1.1 TITLE			☐ Change ☐ Addition
NAME	GRAVES, ROY G		1.2 }	1.2 NAME		•	
STREET ADDRESS				1.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL			1.4 CITY - ST - ZIP			
TITLE	S	DELETE		2.1 TITLE			☐ Change ☐ Addition
NAME	KREMANN, CANDACE D		221	22 NAME			
STREET ADDRESS			2.3 5	2.3 STREET ADDRESS			
CITY-ST-ZIP	PLANT CITY FL			CITY-S			
	1 . 						
TITLE		[] [ELFTE 3.17	TITLE	4		Change Addition
TITLE				TITLE NAME			Change Addition

14. Thereby 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 13 if changed, or on an attachiquent with an address

3.4 CITY-ST-ZIP

43 STREET ADDRESS

5 3 STREET ADDRESS

54 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE 4. 2 NAME

5 1 TITLE

52 NAME

61 TITLE

6 2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

Gremann

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE NAME

TITLE NAME

2-17-98 (813)752-0120

FILED

Feb 25 1998 8:00am

Secretary of State

Addition

Addition

Addition