FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY -1 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000023018 (2)

1. Corporate Name
SKYWOOD DISTRIBUTION COMPANY

Principal Place of Business
120 EAST MILLER
SUITE 17
ORLANDO FL 32806

Mailing Address
120 EAST MILLER
SUITE 17
ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation (mm/dd/yy)
03/21/1994

3a. Date of Last Report

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip
24

Country
25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip
29

Country
30

4. FEI Number
59-3236414

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

9. Name and Address of Current Registered Agent

THOMAS, SHERRY L
120 EAST MILLER
SUITE 17
ORLANDO FL 32806

10. Name and Address of New Registered Agent

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 607.0505 and 607.1508, Florida Statutes, the above named corporation submits the 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 (Registered Agent's signature required only if the registered agent is changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 19	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	WOODSON, CHARLES R	1. NAME	
STREET ADDRESS	120 EAST MILLER, SUITE 17	2. STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL 32806	3. CITY, ST, ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	THOMAS, SHERRY L	2. NAME	
STREET ADDRESS	120 EAST MILLER, SUITE 17	2. STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL 32806	3. CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		3. CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		5. CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		6. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is accurately recorded and does not qualify for the exemption stated in Section 119.07, Florida Statutes. I further certify that the information contained in the annual report or supplemental annual report is true and correct and that the signature shown below is the correct signature of the President or other officer of the corporation or other person authorized to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 above with an officer title or I am a director included in Block 12.

SIGNATURE: 0785289 4/30/95

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES R. WOODSON

(407) 872-1214

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