

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000040096 (7)

1. Corporation Name

SKYKING OF S.W. FL. INC.



Principal Place of Business

128 N.W. 15TH STREET
CAPE CORAL FL 33909

Mailing Address

128 N.W. 15TH STREET
CAPE CORAL FL 33909

3. Date Incorporated or Qualified

05/23/1994

3a. Date of Last Report

08/15/1995

2. Principal Place of Business

2a. Mailing Address

21 128 N.W. 15TH ST
Suite, Apt. #, etc.

26 128 N.W. 15TH ST
Suite, Apt. #, etc.

4. FEI Number

65-0490487

Applied For

Not Applicable

22 City & State

27 City & State

23 CAPE CORAL FLA

28 CAPE CORAL FLA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24 Zip

Country

25 33909

LEE

Zip

Country

29 33909

LEE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEENAN, SUSAN

128 N.W. 15TH STREET
CAPE CORAL FL 33909

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME KEENAN, SUSAN
STREET ADDRESS 128 N.W. 15TH STREET
CITY-ST-ZIP CAPE CORAL FL 33909

1.1 TITLE S.
1.2 NAME BANER, WILLIAM J.
1.3 STREET ADDRESS 128 N.W. 15TH ST
1.4 CITY-ST-ZIP CAPE CORAL FLA, 33909 (Sec.)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 119.07(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: Susan M. Keenan Pres. SUSAN M. KEENAN Pres. 1/13/96 (941-458-3413)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)