

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: 3/50).

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**


FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P94000086259**

1. Corporation Name

SKYTRUCK SALES, INC.

## Principal Place of Business

 3659 ARNOLD AVE.  
NAPLES FL 33942

## Mailing Address

 P.O. BOX 1927  
NAPLES FL 33939  
US

DO NOT WRITE IN THIS SPACE

## 3. Date Incorporated or Qualified

11/22/1994

## 4. FEI Number

65-0544722

Applied For

Not Applicable

## 5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year  
Intangible Personal Property.☐

Yes

☐

No

## 2. Principal Place of Business

Suite; Apt. #, etc.

## 2a. Mailing Address

Suite; Apt. #, etc.

## 23. City &amp; State

## 28. City &amp; State

## 24. Zip

## Country

## 29. Zip

## Country

## 9. Name and Address of Current Registered Agent

 ROSS, DONALD K ESO  
2640 GOLDEN GATE PARKWAY  
SUITE 315  
NAPLES FL 33942

## 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 607.0502 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

TITLE	D	<input type="checkbox"/> DELETE
NAME	MACLEAN, LANCE G	
STREET ADDRESS	322 HARBOR DRIVE #1040 3659 ARNOLD AVE	
CITY-STATE-ZIP	NAPLES FL 33940-34104	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MACLEAN, ARCHIE	
STREET ADDRESS	322 HARBOR DRIVE #1040 3659 ARNOLD AVE	
CITY-STATE-ZIP	NAPLES FL 33940-34104	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I hereby 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/99

Date

941-643-4905

Daytime Phone #

CR2E034 (5/99)