

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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000094218 (2)**

1. Corporation Name

SKY VALET OF JACKSONVILLE, INC.

Principal Place of Business

**JACKSONVILLE INT'L AIRPORT
SUITE 150
JACKSONVILLE FL 32218
US**

Mailing Address

**3281-B LAKE WORTH RD
SUITE 150
LAKE WORTH FL 33461-3600
US**

3. Date Incorporated or Qualified

12/30/1994

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-3296012

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

**BELSON, STEVEN A
400 AUSTRALIAN AVE. SOUTH
SUITE 500
W PALM BEACH FL 33401**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 **PD** ☐ DELETE

NAME **PHILLIPS, STEPHEN F**
STREET ADDRESS **5823 LAKE WORTH RD**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **VD** ☐ DELETE

NAME **PHILLIPS, CHRISTOPHER R**
STREET ADDRESS **5823 LAKE WORTH RD**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **SD** ☐ DELETE

NAME **PHILLIPS, JUDITH C**
STREET ADDRESS **5823 LAKE WORTH RD**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **D** ☐ DELETE

NAME **PHILLIPS, FOY**
STREET ADDRESS **5823 LAKE WORTH RD**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **D** ☐ DELETE

NAME **PHILLIPS, MARY**
STREET ADDRESS **5823 LAKE WORTH RD**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **D** ☐ DELETE

NAME **DODD, JOHN**
STREET ADDRESS **5823 LAKE WORTH RD**
CITY-ST-ZIP **LAKE WORTH FL**

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

Judith C Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97
Date

561-439-4414
Daytime Phone #

0328373

CR2E034 (9/96)