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

FILED
Apr 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P95000041956 (0)**

1. Corporation Name
SKYWAY TECHNOLOGY GROUP, INC.

Principal Place of Business	Mailing Address
3814 GUNN HIGHWAY SUITE B TAMPA FL 33624	3814 GUNN HIGHWAY SUITE B TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/24/1995

2. Principal Place of Business
21 4897-A W. WATERS AVE
Suite, Apt. #, etc. 22
City & State 23 TAMPA FL
Zip 24 33634 Country 25

2a. Mailing Address
26 4897-A W. Waters AVE
Suite, Apt. #, etc. 27
City & State 28 TAMPA FL
Zip 29 33634 Country 30

4. FEI Number: 59-3321035 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
MAYER, THOMAS L
3814 GUNN HIGHWAY
SUITE B
TAMPA FL 33624

10. Name and Address of New Registered Agent
81 Name: NORRIE, BYRON J, JR
82 Street Address (P.O. Box Number is Not Acceptable): 10606 TAVISTOCK DR.
83
84 City: TAMPA FL 85 Zip Code: 33626

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] BYRON J. NORRIE JR PRESIDENT 3-23-98
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	DP	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MAYER, THOMAS L		1.2 NAME		
STREET ADDRESS	16214 SENTRY WOODS COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	ODESSA FL 33556		1.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	2.1 TITLE	DP	☒ Change ☐ Addition
NAME	NORRIE, BYRON J JR		2.2 NAME	NORRIE, BYRON J JR	
STREET ADDRESS	10606 TAVISTOCK DR.		2.3 STREET ADDRESS	10606 TAVISTOCK DR	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	TAMPA FL 33626	
TITLE	DST	☐ DELETE	3.1 TITLE	DVP	☒ Change ☐ Addition
NAME	NORRIE, BYRON SR		3.2 NAME	NORRIE, BYRON SR	
STREET ADDRESS	3101 N. ROCKY PT DRIVE EAST		3.3 STREET ADDRESS	3101 N ROCKY PT DR. EAST	
CITY-ST-ZIP	TAMPA FL 33614		3.4 CITY-ST-ZIP	TAMPA FL 33614	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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] BYRON J. NORRIE JR PRESIDENT 3-23-98 813 249-0101