

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
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DOCUMENT # P95000041956 (0)
1. Corporation Name
SKYWAY TECHNOLOGY GROUP, INC.



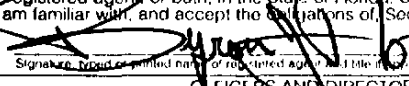
Principal Place of Business 3814 GUNN HIGHWAY SUITE B TAMPA FL 33624	Mailing Address 3814 GUNN HIGHWAY SUITE B TAMPA FL 33624
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4897-A W. WATERS AVE Suite, Apt. #, etc. 22 City & State 23 TAMPA FL 24 Zip 25 33634		2a. Mailing Address 26 4897-A W. WATERS AVE Suite, Apt. #, etc. 27 City & State 28 TAMPA FL 29 Zip 30 33634		3. Date Incorporated or Qualified 05/24/1995
		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		

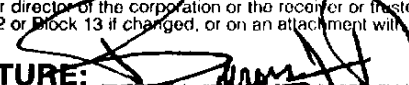
9. Name and Address of Current Registered Agent MAYER, THOMAS L 3814 GUNN HIGHWAY SUITE B TAMPA FL 33624		10. Name and Address of New Registered Agent 81 Name 82 NORRIE, BYRON J, JR 83 Street Address (P.O. Box Number Is Not Acceptable) 10606 TAVISTOCK DR. 84 City TAMPA 85 Zip Code FL 33626	
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11. 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 qualifications of, Section 607.0505, Florida Statutes.

SIGNATURE  BYRON J. NORRIE JR President 3-23-98
(NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAYER, THOMAS L 16214 SENTRY WOODS COURT ODESSA FL 33556 ☒ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NORRIE, BYRON J JR 10606 TAVISTOCK DR. TAMPA FL ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DP NORRIE, BYRON J JR 10606 TAVISTOCK DR TAMPA FL 33626 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST NORRIE, BYRON SR 3101 N. ROCKY PT DRIVE EAST TAMPA FL 33614 ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DVP NORRIE, BYRON SR 3101 N ROCKY PT DR. EAST TAMPA FL 33614 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 recorder 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:  BYRON J. NORRIE JR President 3-23-98 813 249-0101

CR2E034 (10/97)