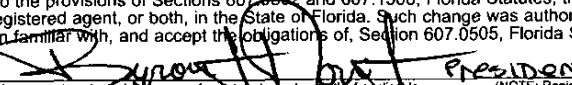


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90149 017 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000041956			
1. Corporation Name SKYWAY TECHNOLOGY GROUP, INC.			
Principal Place of Business 4897A W WATERS AVE SUITE B TAMPA FL 33634 US		Mailing Address 4897 A W WATER AVE SUITE B TAMPA FL 33634 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24 25		29 30	
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) 4897-A West Waters Ave			
83			
84 City TAMPA FL 85 Zip Code 33634			
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  PRESIDENT DATE 1-5-99			
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP ☐ DELETE		1.1 TITLE ☐ Change ☐ Addition	
NAME NORRIE, BYRON J JR		1.2 NAME	
STREET ADDRESS 10606 TAVISTOCK DR		1.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33626		1.4 CITY-ST-ZIP	
TITLE DVP ☐ DELETE		2.1 TITLE ☐ Change ☐ Addition	
NAME NORRIE, BYRON SR		2.2 NAME	
STREET ADDRESS 3101 N. ROCKY PT DRIVE EAST		2.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33614		2.4 CITY-ST-ZIP	
TITLE ☐ DELETE		3.1 TITLE ☐ Change ☐ Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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	

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, with all other like empowered.

SIGNATURE:  **PRESIDENT** : **1-5-99** **813-249-0101**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)