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

**CORPORATION** ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000029515 (9)

SKYLAB TECHNOLOGIES GROUP, INC.

## **FILED** Apr 16 1997 8:00am Secretary of State



Principal Place of Business  4006 \$7. 40HNS AVENUE  \$UFFE 42  JACKSONVILLE F1. 3226  6030 BOWDEN PALE AVE  TRICKSONVILLE F1. 32256  2. Principal Place of Business	Mailing Address 4000 ST. JOHNS AVENUE SUITE 42 JACKSONVILLE FL 82205-995; P.O. BOX 19245 JACKSONVILLE, FO	32245-9248	3. Date Incorporated or Qualific 04/04/1996 4. FEI Number	d 3a. Date of Last Report
21 6030 BOWDENDALE AVE Sulte, Apt. #, etc.	26 4.0. Tack 19	245	59-337/182	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 JACKSONVILLE FC SZEEL Zip Country	City & State  28 JACKSONVILLE ZID	Country	6. Election Campaign Financing Trust Fund Contribution  8. This corporation has liability for	· · · · · · · · · · · · · · · · · · ·
	29 32245 9245 30	) DVVAV	Florida Statutes	☐ Yes ☐ No
9. Name and Address of Current R GUSTAFSON, SCOTT 4999 ST. JOHNS AVENUE SUITE 42 JACKSONVILLE FL 32205	,	84 CityAck	10. Name and Address of New res (P.O. Box Number is Not Agrep AV DEN PALE AV	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 a office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation SIGNATURE X SCOT BUSTAFSON Signature, typed or printed name of registered agent at 12.  OFFICERS AND D.	nd bille if applicable (NOTE I	the above-named corporal la Statules.	oration submits this statement for the lion's board of directors. I hereby active the religious form of the library and the religious forms of the library for	e purpose of changing its registered cept the appointment as registered  AIII/77
TITLE D.	DELETE	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 Change Addition
NAME GUSTAFSON, SCOTT		1.2 NAME		_ " _
STREET ADDRESS 4000 ST. JOHNS AVENUE, SUITE	42	1.3 STREET ADDRESS P.C	0. BOX 19245/6090 BOWD TICKSONVILLE, FL 322	VENDALE AVE
TITLE D JACKSONVILLE FL 32205	DELETE		acksonville, FL 322	45-9245
NAME TERRY, SHANNON LEIGH	DE OLLCIE	2.1 TITLE 2.2 NAME		Change Addition
STREET ADDRESS 4000 ST. JOHNS AVENUE, SUITE	42	23 STREET ADDRESS		
CITY-ST-ZIP JACKSONVILLE FL 32205		2. 4 C(TY-ST-Z)P		: +15
TITLE D	DELETE		1c/r	Change Addition
NAME ANTONUCCI, JOSEPH STREET ADDRESS 2128 MOUNTIAN DALE ROAD		3.2 NAME		
STREET ADDRESS   2128 MOUNTIAN DALE ROAD CITY-ST-ZIP   VILAS NC 28692		3.3 STREET ADDRESS 3.4. CITY-ST-7IP		
TITLE D	DELETE	4.1 TITLE		Change Addition
NAME CLINGEMPEEL, RICHARD	•	4. 2 NAME		
STREET ADDRESS ARI, 200 C COMMERCE CIRCLE		4.3 STREET ADDRESS		
CHY-ST-ZIP TABB VA 23693		4.4 CITY-ST-ZIP		
TITLE NAME	DELETE	5.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS		5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY - ST - ZIP		
TITLE	DELETE:	6.1 TiTLE		Change Addition
NAME	•	6.2 NAME		
		O.E. T. WILL		1
STREET ADDRESS CONTY-ST-ZIP CON		6.3 STREET ADDRESS		

Information Indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

GNATURE: JASEN T. WYONXXX - Florida Statutes. I further certify that the empower 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.