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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State 🦠

DIVISION OF CORPORATIONS

DOCUMENT # P96000030734 (3)

SKY SUPPLIES, INC.

APPROVED AND FILED

1997 JUN 24 PM 12: 28

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Madan sallangara

| 96196                                                    | UPPLIES, INC.                                                              |                                       |                                                               |             |                                                                        |                 | A SEC. A                                                                                                                                                   |  |
|----------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------------|-------------|------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                          |                                                                            | •                                     |                                                               |             |                                                                        | ٠.              |                                                                                                                                                            |  |
| Principal Plac                                           | ce of Business                                                             | Mailing                               | Mailing Address                                               |             |                                                                        |                 | 1 10011691 HE LEVEL DIVIL DAVIL BRINC BRINC BLUE KAKE DEVIL HOODD HAFE DID 1091                                                                            |  |
| C/O JAY HILDEN<br>3685 CROSSBRANCH RD<br>DELAND FL 32724 |                                                                            |                                       | C/O JAY HILDEN<br>3685 CROSSBRANCH RD<br>DELAND FL 32724-8907 |             |                                                                        |                 |                                                                                                                                                            |  |
|                                                          |                                                                            |                                       |                                                               |             |                                                                        |                 | 3. Date Incorporated or Qualified 3a. Date of Last Report 04/01/1996                                                                                       |  |
|                                                          | Place of Business                                                          | 2a. Maili                             | ng Address                                                    |             |                                                                        |                 | 4. FEI Number Applied For                                                                                                                                  |  |
| 21                                                       | 4 -12                                                                      | 26                                    |                                                               |             |                                                                        |                 | 59-33'180 91   Not Applicable                                                                                                                              |  |
| Suite, Apt.                                              |                                                                            | 27                                    |                                                               |             |                                                                        |                 | 5. Certificate of Status Desired S8.75 Additional Fee Required                                                                                             |  |
| City & Stat                                              | te                                                                         | City .                                | & State                                                       | -           |                                                                        |                 | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees                                                                         |  |
| Zip                                                      | *** - <del>*****</del>                                                     |                                       | untry                                                         | ,           | 8. This corporation has liability for intangible tax under s. 199.032, |                 |                                                                                                                                                            |  |
| 24                                                       | 25                                                                         | 29                                    |                                                               | 30          |                                                                        |                 | Florida Statutes Yes 🔲 No                                                                                                                                  |  |
|                                                          | 9. Name and Address of Curr                                                | ent Registered                        | Agent                                                         |             | T.                                                                     | ,               | 10. Name and Address of New Registered Agent                                                                                                               |  |
| l HIL                                                    | DEN, JAY                                                                   |                                       |                                                               |             | 81                                                                     | Name            |                                                                                                                                                            |  |
| 366                                                      | 85 CROSSBRANCH RD                                                          |                                       |                                                               |             | 82                                                                     | Street A        | Address (P.O. Box Number is Not Acceptable)                                                                                                                |  |
| ) DEI                                                    | LAND FL 32724                                                              |                                       |                                                               |             | 83                                                                     |                 |                                                                                                                                                            |  |
| ا م                                                      |                                                                            |                                       |                                                               |             | 84                                                                     | City            | FL 85 Zip Code                                                                                                                                             |  |
| 11. Pursuant                                             | to the provisions of Sections 607.05                                       | 502 and 607.150                       | 08. Florida Statu                                             | les, the a  | L                                                                      | e-named o       | corporation submits this statement for the purpose of changing its registered                                                                              |  |
| office or i                                              | registered agent, or both, in the Statem tamiliar with and accept the obli | te of Florida, Su                     | ch change was                                                 | authorize   | ed by                                                                  | the corp        | corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered |  |
| <b>*</b>                                                 | arriamilar with and accept the obli                                        | gations or, sect                      | 10/1007.0303,11                                               | Unda Sia    | HUIO                                                                   | s.              |                                                                                                                                                            |  |
| SIGNATURE                                                | Signature, typed or printed name of registered a                           | gord and title if applic              | ank (NOT                                                      | t. Register | ed Apr                                                                 | int signature a | required when roinstating) DATE                                                                                                                            |  |
| 12.                                                      | OFFICERS A                                                                 | ND DIRECTORS                          |                                                               | 13.         | <u>-</u>                                                               |                 |                                                                                                                                                            |  |
| TITLE                                                    | PROESIDENT ,                                                               | ,                                     | DELETE                                                        | 1.1         | ITLE                                                                   |                 | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition                                                                                         |  |
| NAME                                                     | JAY G. HILDEN                                                              | 1//1                                  |                                                               | 1.2 1       | IAME                                                                   |                 |                                                                                                                                                            |  |
| STREET ADDRESS                                           | POBOX 1657 -                                                               | N/H                                   |                                                               | 1.3 \$      | STREET                                                                 | ADDRESS         |                                                                                                                                                            |  |
| CITY-ST-ZIP                                              | DELAND PL 32                                                               | 12 Y                                  |                                                               | 1.4 0       | HY-S                                                                   | T-ZIP           | Thage Thaddition                                                                                                                                           |  |
| TITLE                                                    | SECRETARY                                                                  |                                       | □ DELETE                                                      | 2.1         | ITLE                                                                   |                 |                                                                                                                                                            |  |
| NAME                                                     | EDIE CORY                                                                  |                                       |                                                               | 2.2         | IAME                                                                   |                 | 2000022240624<br>-06/26/9701080018                                                                                                                         |  |
| STREET ADDRESS                                           | 890 HADDON W                                                               | )                                     |                                                               | 2.3 5       | TREET                                                                  | ADDRESS         |                                                                                                                                                            |  |
| CITY-ST-ZIP                                              | DEISTONA FU 32                                                             | 2138                                  | Fireins                                                       |             |                                                                        | ST- 21P         | ****165.00 ****165.00                                                                                                                                      |  |
| TITLE<br>NAME                                            |                                                                            |                                       | ☐ DELE1E                                                      | 3.11        |                                                                        |                 | Change Addition                                                                                                                                            |  |
|                                                          |                                                                            |                                       |                                                               |             | IAME                                                                   |                 |                                                                                                                                                            |  |
| STREET ADDRESS                                           |                                                                            |                                       |                                                               |             |                                                                        | ADDRESS         |                                                                                                                                                            |  |
| CITY-ST-ZIP<br>TITLE                                     |                                                                            | · · · · · · · · · · · · · · · · · · · | DELETE                                                        | 4.11        |                                                                        | ST-ZIP          | Change Addition                                                                                                                                            |  |
| NAME                                                     | ł                                                                          |                                       |                                                               |             | NAME                                                                   | 1               | C Ononge ( Manifoli                                                                                                                                        |  |
| STREET ADDRESS                                           |                                                                            |                                       |                                                               |             |                                                                        | ADDRESS         |                                                                                                                                                            |  |
| CITY-ST-ZIP                                              |                                                                            |                                       |                                                               |             | 31Y-5                                                                  |                 |                                                                                                                                                            |  |
| TITLE                                                    |                                                                            |                                       | DELETE                                                        | 5.1 T       |                                                                        | 1 - CH          | Change Addition                                                                                                                                            |  |
| NAME                                                     |                                                                            |                                       |                                                               |             | IAME                                                                   |                 | C Annual C Maritini                                                                                                                                        |  |
| STREET ADORESS                                           |                                                                            |                                       |                                                               |             |                                                                        | ADDRESS         |                                                                                                                                                            |  |
| CITY-ST-ZIP                                              |                                                                            |                                       |                                                               |             | 31Y-S                                                                  | l               |                                                                                                                                                            |  |
| TITLE                                                    |                                                                            |                                       | DELETE                                                        | 6.1 1       |                                                                        | . 14            | Change D Addillon                                                                                                                                          |  |
| NAME                                                     |                                                                            |                                       | -                                                             |             | IAME                                                                   |                 | 147,19                                                                                                                                                     |  |
| STREET ADDRESS                                           |                                                                            |                                       |                                                               |             |                                                                        | ADDRESS         | Sundi !                                                                                                                                                    |  |
| CITY-ST-ZIP                                              |                                                                            |                                       |                                                               |             | ITY-S                                                                  |                 | Ø1.                                                                                                                                                        |  |
|                                                          |                                                                            |                                       |                                                               |             |                                                                        |                 |                                                                                                                                                            |  |

4. 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 eath; 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 in changed, or on an attachment with an address.