

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 11, 1999 8:00 am  
Secretary of State

05-11-1999 90039 040 \*\*\*158.75

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DOCUMENT # P97000053973

1. Corporation Name  
SKYNET GLOBAL INFORMATION SERVICES, INC.

Principal Place of Business  
6415 SANTA MONICA DR.  
TAMPA FL 33615

Mailing Address  
6415 SANTA MONICA DR.  
TAMPA FL 33615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/18/1997

4. FEI Number  
59-3462938

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business  
21 6415 Santa Monica  
Suite, Apt. #, etc.

2a. Mailing Address  
26 P.O. Box 262551  
Suite, Apt. #, etc.

22 City & State  
23 Tampa FL

27 City & State  
28 Tampa FL

24 Zip 33615 Country 25 USA

29 Zip 33685 Country 30 USA

9. Name and Address of Current Registered Agent

KUTCHINS, BRYAN A  
3974 TAMPA RD.  
OLDSMAR FL 34677

10. Name and Address of New Registered Agent

81 Name Stephen R. Cole  
82 Street Address (P.O. Box Number is Not Acceptable)  
6415 Santa Monica Dr  
83  
84 City Tampa FL 85 Zip Code 33615

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 Stephen R. Cole  
Signature, typed or printed name of registered agent and title if applicable.

DATE S-1-99  
(NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	COLE, STEPHEN R	6415 SANTA MONICA DR.	TAMPA FL 33615	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S-1-99 227-771-7067  
Date Daytime Phone #

CR2E034 (11/98)