

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90214 049 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P98000058660

1. Corporation Name

SKYWAY COMMUNICATIONS CONSULTANTS, INC.

Principal Place of Business
 4897-A WEST WATERS AVE
 TAMPA FL 33634

Mailing Address
 4897-A WEST WATERS AVE
 TAMPA FL 33634



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/30/1998		4. FEI Number 59-3519742		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21		2a. Mailing Address 26		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
City & State 23		City & State 28		8. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip 24	Country 25	Zip 29	Country 30	

9. Name and Address of Current Registered Agent NORRIE, BYRON J JR. 4897-A WEST WATERS AVE TAMPA FL 33634		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NORRIE, BYRON J JR.		1.2 NAME NORRIE, BYRON J JR	
STREET ADDRESS 10806 TAVISTOCK DR.		1.3 STREET ADDRESS 10606 TAVISTOCK DR	
CITY-ST-ZIP TAMPA FL 33626		1.4 CITY-ST-ZIP TAMPA FL 33626	
TITLE 	<input type="checkbox"/> DELETE	2.1 TITLE DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		2.2 NAME NORRIE, BYRON J SR	
STREET ADDRESS 		2.3 STREET ADDRESS 10637 GRTENG GREEN DR	
CITY-ST-ZIP 		2.4 CITY-ST-ZIP TAMPA FL 33626	
TITLE 	<input type="checkbox"/> DELETE	3.1 TITLE DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		3.2 NAME MARCHAND CARL E.	
STREET ADDRESS 		3.3 STREET ADDRESS 8307 CARMEL PL	
CITY-ST-ZIP 		3.4 CITY-ST-ZIP TAMPA FL 33615	
TITLE 	<input type="checkbox"/> DELETE	4.1 TITLE D Sec. - Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		4.2 NAME Belliveau Mike	
STREET ADDRESS 		4.3 STREET ADDRESS 1511 Carlton Lake Road	
CITY-ST-ZIP 		4.4 CITY-ST-ZIP Lithia FL 33547	
TITLE 	<input type="checkbox"/> DELETE	5.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		5.2 NAME 	
STREET ADDRESS 		5.3 STREET ADDRESS 	
CITY-ST-ZIP 		5.4 CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> DELETE	6.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

1-5-99

813-249-0101

Date

Daytime Phone #

CR2E034 (11/98)