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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S03162** **(2)**

1. Corporation Name
SKYWAY CORVETTE CLUB, INC

Principal Place of Business	Mailing Address
5214 69TH ST. E. PALMETTO FL 34221	5214 69TH ST. E PALMETTO FL 34221-9397 US

2. Principal Place of Business	2a. Mailing Address
21 6115 TWIG CIR #D	26 6115 TWIG CIR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 BRADENTON FL	27 #D
City & State	City & State
23	28 BRADENTON FL
Zip / Country	Zip / Country
24 34209 / 25 MANATEE	29 34209 / 30 MANATEE

3. Date Incorporated or Qualified: 09/26/1990
3a. Date of Last Report: 04/08/1996
4. FEI Number: 65-0274734 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
MORSE, CAROLYN
5214 69TH ST., E.
PALMETTO FL 34221

10. Name and Address of New Registered Agent
81 Name: DALE F. SMOOT
82 Street Address (P.O. Box Number is Not Acceptable): 6115 TWIG CIR #D
83
84 City: BRADENTON FL 85 Zip Code: 34209

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] DALE F. SMOOT 4/7/97
Signature, typed or printed name, of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☒ DELETE	1.1 TITLE	T	☒ Change ☐ Addition
NAME	MORSE, CAROLYN		1.2 NAME	SMOOT, DALE F.	
STREET ADDRESS	5214 69TH ST. E.		1.3 STREET ADDRESS	6115 TWIG CIR #D	
CITY-ST-ZIP	PALMETTO FL		1.4 CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	BOD	☒ DELETE	2.1 TITLE	P	☐ Change ☒ Addition
NAME	KATHY O TOOLE		2.2 NAME	DAVE THOMPSON	
STREET ADDRESS	5411 AYLESBURY LN.		2.3 STREET ADDRESS	1124 37th ST WEST	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	BRADENTON, FL 34205	
TITLE	DD	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	FORBES, AL		3.2 NAME		
STREET ADDRESS	2815 52ND AVE., DR., W.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		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		

CR2E034 (9/96)

14. 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 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.

SIGNATURE: [signature] DALE F. SMOOT 4/7/97 (561) 462-4554