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FILED
Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **V71542** (7)

1. Corporation Name
SKYWAY DRIVE INDUSTRIAL PARK CORPORATION

Principal Place of Business

**341 SKYWAY DRIVE
EDGEWATER FL**

Mailing Address

**341 SKYWAY DRIVE
EDGEWATER FL 32132-3051
US**



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/13/1992

3a. Date of Last Report

04/04/1996

4. FEI Number

59-3149819

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

**PERRY, WILLIAM L.
341 SKYWAY DRIVE
EDGEWATER FL**

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, 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

(If corporation reports performance of new registered agent, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE ☐ DELETE
NAME **D PERRY, WILLIAM L.**
STREET ADDRESS **341 SKYWAY DRIVE**
CITY-STATE-ZIP **EDGEWATER FL**
12.2 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
12.3 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
12.4 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
12.5 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
12.6 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-STATE-ZIP
13.5 TITLE ☐ Change ☐ Addition
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY-STATE-ZIP
13.9 TITLE ☐ Change ☐ Addition
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY-STATE-ZIP
13.13 TITLE ☐ Change ☐ Addition
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY-STATE-ZIP
13.17 TITLE ☐ Change ☐ Addition
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY-STATE-ZIP

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 contained 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:

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/97

904/428-0187