

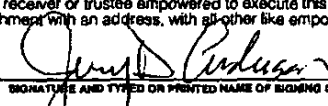
2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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TALLAHASSEE, FLORIDA

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DOCUMENT # V71542			
1. Entity Name SKYWAY DRIVE INDUSTRIAL PARK CORPORATION			
Principal Place of Business 341 SKYWAY DR BOX 2 BLDG #2 UNIT H/K EDGEWATER, FL 32132		Mailing Address 341 SKYWAY DR BOX 2 BLDG #2 UNIT H/K EDGEWATER, FL 32132 US	
2. Principal Place of Business 341 SKYWAY DRIVE		3. Mailing Address 341 SKYWAY DRIVE	
Suite, Apt. #, etc. BOX 2, BUILDING 2		Suite, Apt. #, etc. BOX 2, BUILDING 2	
City & State EDGEWATER, FL		City & State EDGEWATER, FL	
Zip 32132	Country VOLUSIA	Zip 32132	Country VOLUSIA
4. FEI Number 59-3149819		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRILE, GAYEL M 8 CUNNINGHAM DRIVE NEW SMYRNA BEACH, FL 32168		7. Name and Address of New Registered Agent Name Jerry D. Anderson Street Address (P.O. Box Number is Not Acceptable) 341 Skyway Drive Box 2 Building 2 City Edgewater FL Zip Code 32132	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Jerry D. Anderson  DATE 4-23-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVT CRILE, GAYEL M 8 CUNNINGHAM DRIVE NEW SMYRNA BEACH, FL 32168 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Jerry D. Anderson 341 Skyway DR Box 2 BLDG 2 Edgewater, FL 32132 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Jody Anderson 341 Skyway DR Box 2 BLDG 2 Edgewater, FL 32132 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  DATE 4-23-04 DAYTIME PHONE # (386)426-0422		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

Jerry D. Anderson