

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 726522 (6)
1. Corporation Name
FLORIDA BLUE KEY, INC.



Principal Place of Business
312 J. WAYNE REITZ UNION
GAINESVILLE FL 32611

Mailing Address
312 J. WAYNE REITZ UNION
GAINESVILLE FL 32611

3. Date Incorporated or Qualified 05/25/1973
3a. Date of Last Report 07/27/1995
4. FEI Number 23-7378530
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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent
MATURO, FRANK J., JR.
3010 NW 9TH PLACE
GAINESVILLE FL 32605

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
1.1 TITLE PD
1.2 NAME MEYER, CHRIS
1.3 STREET ADDRESS 4100 SW 20TH AVE D-3
1.4 CITY - ST - ZIP GAINESVILLE FL
1.5 DELETE ☐
2.1 TITLE VD
2.2 NAME WEINBERG, JOSH
2.3 STREET ADDRESS 321 SE 3RD ST APT F-12
2.4 CITY - ST - ZIP GAINESVILLE FL
2.5 DELETE ☐
3.1 TITLE YD
3.2 NAME MONTANUS, CAROLINE
3.3 STREET ADDRESS 1820 NW 2ND AVE
3.4 CITY - ST - ZIP GAINESVILLE FL
3.5 DELETE ☐
4.1 TITLE S
4.2 NAME HAMERSLEY, TRACIE
4.3 STREET ADDRESS 808 W PANHELLENIC DR
4.4 CITY - ST - ZIP GAINESVILLE FL
4.5 DELETE ☐
5.1 TITLE AS
5.2 NAME MATURO, FRANK J., JR.
5.3 STREET ADDRESS 3010 NW 9TH PLACE
5.4 CITY - ST - ZIP GAINESVILLE FL
5.5 DELETE ☐
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PD
1.2 NAME VIVIAN QUESADA
1.3 STREET ADDRESS 2330 SW Williston RD. #1423
1.4 CITY - ST - ZIP Gainesville, FL 32608 ☒ Change ☐ Addition
2.1 TITLE VD
2.2 NAME DEREK BRUCE
2.3 STREET ADDRESS 312 JWRU
2.4 CITY - ST - ZIP Gainesville, FL 32611 ☒ Change ☐ Addition
3.1 TITLE
3.2 NAME CARLINA TERRANA
3.3 STREET ADDRESS 4433 SW 21st Lane
3.4 CITY - ST - ZIP Gainesville, 32607 ☒ Change ☐ Addition
4.1 TITLE
4.2 NAME REBECCA BROCK
4.3 STREET ADDRESS 312 JWRU
4.4 CITY - ST - ZIP Gainesville, FL 32611 ☐ Change ☐ Addition
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carolina Terrana CARLINA J. TERRANA 6/14/96 (352) 392-1661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
0003185

CR2E037 (3/96)