FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 17 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H05837 (0)

1. Corporation Name
KEYSTONE PLUS, INC.

Principal Place of Business	Mailing Address
6860 GULFPORT BLVD., SOUTH ST. PETERSBURG FL 33707	6860 GULFPORT BLVD., SOUTH ST. PETERSBURG FL 33707

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/31/1984
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business	2a. Mailing Address
21 2502 Rocky Point Drive	26 2502 Rocky Point Dr.
Suite, Apt. #, etc. 22 Suite 660	Suite, Apt. #, etc. 27 Suite 660
City & State 23 Tampa FL	City & State 28 Tampa FL
Zip / Country 24 33607 / 25 USA	Zip / Country 29 33607 / 30 USA

4. FEI Number: 59-2445448 ☐ 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	10. Name and Address of New Registered Agent
GORDON, KENNETH A. 6860 GULFPORT BLVD., SOUTH ST. PETERSBURG FL 33707	81 Name: Elizabeth T. Crawford 82 Street Address (P.O. Box Number is Not Acceptable): 6830 Central Ave Suite B 83 84 City: St. Petersburg FL 85 Zip Code: 33707

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: Elizabeth T. Crawford — 4/11/95
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	PD	1.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	GORDON, KENNETH A.	1.2 NAME		
STREET ADDRESS	6860 GULFPORT BLVD S	1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	MORRIS, SUSAN	2.2 NAME		
STREET ADDRESS	6860 GULFPORT BLVD #402	2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	STALENSKY, DONALD	3.2 NAME		
STREET ADDRESS	6860 GULFPORT BLVD #402	3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP		
TITLE	TS	4.1 TITLE	Authorized Signer	☒ Change ☐ Addition
NAME	GORDON, JANE M	4.2 NAME		
STREET ADDRESS	6860 GULFPORT BLVD SO	4.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kenneth A Gordon Pres — 4-11-95 — 813-867-1007
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR — Date — Daytime Phone #
Kenneth A Gordon President

0606060 CP