

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # H52741

(6)

1. Corporation Name

KEYS MATERIAL TRANSPORT, INC.

Principal Place of Business

**P.O. BOX 679
ELFERS FL 34680**

Mailing Address

**P.O. BOX 679
ELFERS FL 34680**

**APPROVED
AND
FILED**

95 MAY -1 PM 11:49

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		04/17/1985	05/01/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-2522634	Not Applicable
24 Zip		29 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26		31		6. This corporation has liability for intangible tax under S. 190.032, Florida Statutes	
27		32		☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

**KEYS, GLEN L.
1544 BIG BASS DR.
TARPON SPRINGS FL 33590**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	KEYS, GLEN L.	1.2 NAME	
STREET ADDRESS	1544 BIG BASS DR., P.O. BOX 679 N/A	1.3 STREET ADDRESS	
CITY - ST - ZIP	TARPON SPRINGS FL 34680	1.4 CITY - ST - ZIP	
TITLE	VPD	2.1 TITLE	☐ Change ☐ Addition
NAME	KEYS, MARTHA S.	2.2 NAME	
STREET ADDRESS	1544 BIG BASS DR., P.O. BOX 679 N/A	2.3 STREET ADDRESS	
CITY - ST - ZIP	TARPON SPRINGS FL 34680	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	KEYS, CLYDE J.	3.2 NAME	
STREET ADDRESS	876 RANCH RD., P.O. BOX 679 N/A	3.3 STREET ADDRESS	
CITY - ST - ZIP	TARPON SPRINGS FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary 4/25/95 813-372-7355