

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 APR 13 PM 2:52**

**DOCUMENT # H80301 (5)**

1. Corporation Name  
**G. & J. OF THE KEYS, INC.**

Principal Place of Business <b>M.M. 91.5 TAVERNIER TOWNE SHOPPING CTR. P.O. BOX 601 TAVERNIER FL 33070</b>	Mailing Address <b>M.M. 91.5 TAVERNIER TOWNE SHOPPING CTR. P.O. BOX 601 TAVERNIER FL 33070</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>10/10/1985</b>	3a. Date of Last Report <b>05/01/1994</b>
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country	4. FEI Number <b>59-2593831</b> Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**JEROME, WILLIAM F.  
287 WOODS AVENUE  
TAVERNIER FL 33070**

**10. Name and Address of New Registered Agent**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>

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 registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PTS</b>	11. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	11. TITLE	
NAME <b>JEROME, WILLIAM F.</b>	12. NAME	12. NAME	
STREET ADDRESS <b>287 WOODS AVE.</b>	13. STREET ADDRESS	13. STREET ADDRESS	
CITY- ST- ZIP <b>TAVERNIER FL</b>	14. CITY- ST- ZIP	14. CITY- ST- ZIP	
TITLE	21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	21. TITLE	
NAME	22. NAME	22. NAME	
STREET ADDRESS	23. STREET ADDRESS	23. STREET ADDRESS	
CITY- ST- ZIP	24. CITY- ST- ZIP	24. CITY- ST- ZIP	
TITLE	31. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	31. TITLE	
NAME	32. NAME	32. NAME	
STREET ADDRESS	33. STREET ADDRESS	33. STREET ADDRESS	
CITY- ST- ZIP	34. CITY- ST- ZIP	34. CITY- ST- ZIP	
TITLE	41. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	41. TITLE	
NAME	42. NAME	42. NAME	
STREET ADDRESS	43. STREET ADDRESS	43. STREET ADDRESS	
CITY- ST- ZIP	44. CITY- ST- ZIP	44. CITY- ST- ZIP	
TITLE	51. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	51. TITLE	
NAME	52. NAME	52. NAME	
STREET ADDRESS	53. STREET ADDRESS	53. STREET ADDRESS	
CITY- ST- ZIP	54. CITY- ST- ZIP	54. CITY- ST- ZIP	
TITLE	61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	61. TITLE	
NAME	62. NAME	62. NAME	
STREET ADDRESS	63. STREET ADDRESS	63. STREET ADDRESS	
CITY- ST- ZIP	64. CITY- ST- ZIP	64. 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)(a), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 (changed), or in an attachment, with an address.

**SIGNATURE:** *William F. Jerome* **4/10/95** **305-82-8940**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR