Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90110 015 ***150.00



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H80301**

1. Corporation Name

G. & J. OF THE KEYS, INC.

	•								
Principal Place of Business Mailing Address							((84/41) 4/3) (4/1)	1917 97911 91911 911	***************************************
M.M. 91.5 TAVERNIER TOWNE SHOPPING CTR. P.O.BOX 601 TAVERNIER FL 33070			M.M. 91.5 TAVERNIER TOWNE SHOPPING CTR. P.O.BOX 601 TAVERNIER FL 33070			G CTR.	DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed		
							10/10/1985		
2. Principal Pl	ace of Business	H====	failing Address				4. FEI Number		olied For
21			6				59-2593831	\$8.75 A	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc. □				5. Certifcate of Status Desired	Fee Rec	
22 City & State			City & State				6. Election Campaign Financing	\$5.00 ١	
23			l				Trust Fund Contribution	Added to	
Zip	Country	28 Z	ip	Cou	ntry		8. This corporation owes the current year In	tangible	
24	25 29		30	30		Personal Property Tax.	☐ Yes [□No	
'	9. Name and Address of Curren	t Registe	red Agent				10. Name and Address of New Registered	Agent	
IED/	SEAT SERVICE T				81	Name			
JEROME, WILLIAM F. 396 SO COCONUT PALM BLVD				82 Street Add		Street Addre	ess (P.O. Box Number is Not Acceptable)		-
TAVERNIER FL 33070				83					
IAVE	ENFALLE TE SOUTO				03				
				84 City		City	FL	85 Zip C	ode
11 Pursuant	to the provisions of Sections 607.050	2 and 607	.1508, Florida Statute	es, the al	bove	e-named corpo	pration submits this statement for the purpose of	changing its	registered
office or n agent. I a	egistered agent, or both, in the State m familia with, and accept the obliga	of Florida. tions of, S	Such change was a ection 607.0505, Flor	uthorized rida Statu	l by i	the corporatio	oration submits this statement for the purpose of in's board of directors. I hereby accept the appo	intment as reg	istered
SIGNATURE	Signature, typed of printed name of registered ager		policable (NOTE	Registered	Agen	nt signature required	(when reinstating) DATE	<u>' ' ' </u>	
12.	OFFICERS AN			13.	rigioni	org. color / oq	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
TITLE	PTS		☐ DELETE	1.1 111	ſLE			Change	Addition
NAME	JEROME, WILLIAM F.			1.2 NA	ΜE				
STREET ADDRESS	396 SO COCONUT PALM BLVI)		1.3 ST	REET	ADDRESS			
CITY-ST-ZIP	TAVERNIER FL 33070			1.4 CT	1.4 CITY-ST-ZIP				
TITLE	DELETE 2.1		2.1 TF	Π.E	Ì		Change	☐ Addition	
NAME	22'		2.2 NA	ME				·	
STREET ADDRESS				2.3 \$1	REET	TADDRESS			
CITY-ST-ZIP			2.40		T-ZIP	e e e e e e e e e e e e e e e e e e e	Change	Addition	
TITLE	•		3.1 TF				Ti Ollange		
NAME				3.2 N		TADDRESS			
STREET ADDRESS						T-ZIP			
CITY-ST-ZIP			☐ DELETE	4.1 TI		11-ZIP		Change	Addition
NAME				4.2 N					
STREET ADDRESS	The second se					TADORESS			
CITY-ST-ZIP	The second secon			4.4 CI		Ī			
TITLE	<u> </u>		☐ DELETE	5.1 TI				☐ Change	☐ Addition
NAME				5.2 N	ME				
STREET ADDRESS	•			5.3 \$1	REET	TADDRESS			
CITY-ST-ZIP				5.4 CI	TY-\$1	T-ZIP			
TITLE			☐ DELETE	6.1 TI	ΠĘ			☐ Change	☐ Addition

14. 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 annual report or supplementar 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 of the attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZiP

ATURE REQUIRED SIGNATURE AND EXPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR