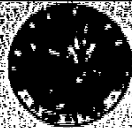


**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:14**

DOCUMENT # J78193 (6)

1. Corporation Name

BOYD'S KEY WEST CAMPGROUND, INC.

Principal Place of Business

**% ROBERT JONES
6401 MALONEY AVE
KEY WEST FL 33040**

Mailing Address

**% ROBERT JONES
6401 MALONEY AVE
KEY WEST FL 33040**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1987

3a. Date of Last Report

04/01/1994

4. FEI Number

59-2820332

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

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.

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**JONES, ROBERT
6401 MALONEY AVE
KEY WEST FL 33040**

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 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 of registered agent or person named in registered agent and that of applicant)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	HAMILTON, BOYD N.
STREET ADDRESS	6401 MALONEY AVE
CITY, ST, ZIP	KEY WEST FL
TITLE	T
NAME	HAMILTON, ELSIE M.
STREET ADDRESS	6401 MALONEY AVE
CITY, ST, ZIP	KEY WEST FL
TITLE	S
NAME	HAMILTON, DANIEL
STREET ADDRESS	6901 MALONEY AVE
CITY, ST, ZIP	KEY WEST FL
TITLE	V
NAME	HAMILTON, ANDY
STREET ADDRESS	6401 MALONEY AVE
CITY, ST, ZIP	KEY WEST FL
TITLE	T
NAME	JONES, LYNN HAMILTON
STREET ADDRESS	6401 MALONEY AVE
CITY, ST, ZIP	KEY WEST FL
TITLE	V
NAME	HAMILTON, HENRY
STREET ADDRESS	6401 MALONEY AVE
CITY, ST, ZIP	KEY WEST FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110 (2)(b)(6), 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 attached list with an address.

SIGNATURE:

Boyd Hamilton
BOYD HAMILTON

3-24-95 305-294-1465