

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 JUL -6 AM 8:28

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # K47640 (3)
 1. Corporation Name
KEY-TEMPS, INC.

Principal Place of Business: **2830 WINKLER AVE., SUITE 104 FT. MYERS FL 33916**
 Mailing Address: **2830 WINKLER AVE., SUITE 104 FT. MYERS FL 33916**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/29/1988** 3a. Date of Last Report: **06/10/1994**
 4. Fil Number: **65-0093469** Applied For: New Application
 5. Certificate of Status Excessed: **\$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. 190.032 Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **2a**
 State Apt # etc: **22** State Apt # etc: **27**
 City & State: **23** City & State: **28**
 Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
MILLS, DAVID
7431 RAMBLERS STRAND
FORT MYERS FL 33912

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 hereby withdrawing the resignation of Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent) _____ (Signature of Registered Agent) _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, DAVID	1.2 NAME	
STREET ADDRESS	7431 RAMBLERS STRAND	1.3 STREET ADDRESS	
CITY, ST, ZIP	FT. MYERS FL	1.4 CITY, ST, ZIP	
TITLE	MILLS, DAVID	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, DAVID	2.2 NAME	
STREET ADDRESS	7431 RAMBLERS STRAND	2.3 STREET ADDRESS	
CITY, ST, ZIP	FT. MYERS FL	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 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 Tax law 110.07(1)(b), Florida Statutes. I further certify that the information submitted 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 by me. I am an officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in block 12 or 13 or 14 of this report or in an attachment with corrections.

SIGNATURE: **DAVID MILLS** 6-28-95 941 278-1515
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President

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