

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 08 1997 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                          |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Morham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

DOCUMENT # **N93000005673 (9)**

1. Corporation Name

**MIDDLE KEYS MARINE ASSOCIATION, INC.**



|                                                                                 |                                                                           |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Principal Place of Business<br><b>700 39TH ST., OCEAN<br/>MARATHON FL 33050</b> | Mailing Address<br><b>PO BOX 501806<br/>MARATHON FL 33050-1806<br/>US</b> |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------------|

|                                                        |                                              |
|--------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>12/17/1993</b> | 3a. Date of Last Report<br><b>04/17/1996</b> |
|--------------------------------------------------------|----------------------------------------------|

|                                             |                                  |                                                                                                                       |                                                        |
|---------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 2. Principal Place of Business<br><b>21</b> | 2a. Mailing Address<br><b>26</b> | 4. FEI Number<br><b>65-0450581</b>                                                                                    | Applied For<br><input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc.<br><b>22</b>            | Suite, Apt. #, etc.<br><b>27</b> | 5. Certificate of Status Desired<br><input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                    |                                                        |
| City & State<br><b>23</b>                   | City & State<br><b>28</b>        | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                        |
| Zip<br><b>24</b>                            | Country<br><b>25</b>             | Zip<br><b>29</b>                                                                                                      | Country<br><b>30</b>                                   |

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER, ROBERT K  
2975 OVERSEAS HWY  
MARATHON FL 33050**

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                                        |
|----------------------------|------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------|
| TITLE                      | <b>PD</b> <input checked="" type="checkbox"/> DELETE | 1.1 TITLE                                             | <b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CADIZ, WILLIAM</b>                                | 1.2 NAME                                              | <b>APPELT, JOAN</b>                                                                    |
| STREET ADDRESS             | <b>9699 OVERSEAS HIGHWAY</b>                         | 1.3 STREET ADDRESS                                    | <b>10701 5TH AVE-GULF</b>                                                              |
| CITY-ST-ZIP                | <b>MARATHON FL</b>                                   | 1.4 CITY-ST-ZIP                                       | <b>MARATHON, FL 33050</b>                                                              |
| TITLE                      | <b>VD</b> <input type="checkbox"/> DELETE            | 2.1 TITLE                                             | <b>VD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>CUTHBERT, JAMES</b>                               | 2.2 NAME                                              | <b>CUTHBERT, JAMES</b>                                                                 |
| STREET ADDRESS             | <b>1021 11 ST.</b>                                   | 2.3 STREET ADDRESS                                    | <b>1021 11th St.</b>                                                                   |
| CITY-ST-ZIP                | <b>MARATHON FL</b>                                   | 2.4 CITY-ST-ZIP                                       | <b>MARATHON, FL 33050</b>                                                              |
| TITLE                      | <b>TD</b> <input type="checkbox"/> DELETE            | 3.1 TITLE                                             | <b>TD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>CAVANAUGH, CATHY</b>                              | 3.2 NAME                                              | <b>CAVANAUGH, CATHY</b>                                                                |
| STREET ADDRESS             | <b>P.O. BOX 500982</b>                               | 3.3 STREET ADDRESS                                    | <b>61 Coco Plum Drive</b>                                                              |
| CITY-ST-ZIP                | <b>MARATHON FL</b>                                   | 3.4 CITY-ST-ZIP                                       | <b>MARATHON, FL 33050</b>                                                              |
| TITLE                      | <b>SD</b> <input type="checkbox"/> DELETE            | 4.1 TITLE                                             | <b>SD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>MCKAY, CATHE</b>                                  | 4.2 NAME                                              | <b>MCKAY, CATHE</b>                                                                    |
| STREET ADDRESS             | <b>P.O. BOX 430505</b>                               | 4.3 STREET ADDRESS                                    | <b>700 39th St., GULF</b>                                                              |
| CITY-ST-ZIP                | <b>BIG PINE KEY FL</b>                               | 4.4 CITY-ST-ZIP                                       | <b>MARATHON, FL 33050</b>                                                              |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE  | 5.1 TITLE                                             | <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | <b>MOORE, JOHN</b>                                   | 5.2 NAME                                              | <b>CADIZ, WILLIAM</b>                                                                  |
| STREET ADDRESS             | <b>1435 107 ST. GULF</b>                             | 5.3 STREET ADDRESS                                    | <b>9699 OVERSEAS HWY</b>                                                               |
| CITY-ST-ZIP                | <b>MARATHON FL</b>                                   | 5.4 CITY-ST-ZIP                                       | <b>MARATHON, FL 33050</b>                                                              |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE  | 6.1 TITLE                                             | <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | <b>HARDY, ROBERT</b>                                 | 6.2 NAME                                              | <b>GRISH, JOE</b>                                                                      |
| STREET ADDRESS             | <b>700 39 ST.</b>                                    | 6.3 STREET ADDRESS                                    | <b>700-39TH ST-GULF</b>                                                                |
| CITY-ST-ZIP                | <b>MARATHON FL</b>                                   | 6.4 CITY-ST-ZIP                                       | <b>MARATHON, FL 33050</b>                                                              |

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Cathy McKay**

3-19-97

305-289-2070

CR2E037 (9/96)