FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **S14212** **(2)**

1. Corporation Name
KEY SOLUTIONS, INC.

Principal Place of Business
2970 HARTLEY ROAD
SUITE 201
JACKSONVILLE FL 32257
US

Mailing Address
2970 HARTLEY ROAD
SUITE 201
JACKSONVILLE FL 32257
US

3. Date Incorporated or Qualified: **11/14/1990**
3a. Date of Last Report: **04/13/1995**

4. FEI Number: **59-3041706** — Applied For / Not Applicable

2. Principal Place of Business
21 6668 Columbia Pk Dr S
22 Suite, Apt #, etc.
23 City & State: Jacksonville, Fl
24 Zip: 32258
25 Country: Duval

2a. Mailing Address
26 6668 Columbia Pk Dr S
27 Suite, Apt #, etc.
28 City & State: Jacksonville, FL
29 Zip: 32258
30 Country: Duval

5. Certificate of Status Desired ☐ **$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. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
KEYSER, GENE E
2970 HARTLEY ROAD
SUITE 201
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 6668 Columbia Pk Dr S
83
84 City: Jacksonville, FL **FL**
85 Zip Code: 32258

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 a Corporate Officer, Director, or Agent — Printed Name of Signer — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KEYSER, GENE E.	1.2 NAME	
STREET ADDRESS	3311 SCRUB OAK LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VFD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KEYSER, DEBRA T.	2.2 NAME	
STREET ADDRESS	3311 SCRUB OAK LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 119.07(3)(k), 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 changed, or on an attachment with an address.

SIGNATURE: 4/15/96 904-268-5457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Gene E. Keyser

CR2E034 (12/95)