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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S14212**

1. Corporation Name
KEY SOLUTIONS, INC.

Principal Place of Business	Mailing Address
11259 PHILLIPS PKWY DR ********** JACKSONVILLE FL 32256 US	11259 PHILLIPS PKWY DR JACKSONVILLE FL 32256 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 11731-8 Phillips Hwy	2a. Mailing Address 26 11731-8 Phillips Hwy
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip / Country 24 32256 25 USA	Zip / Country 29 32256 30 USA

3. Date Incorporated or Qualifed: 11/14/1990

4. FEI Number: 59-3041706 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KEYSER, GENE E
11259 PHILLIPS PKWY DR E
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name: Keyser, Gene E
82 Street Address (P.O. Box Number is Not Acceptable): 11731-8 Phillips Hwy
83
84 City: Jacksonville FL 85 Zip Code: 32256

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: Gene E. Keyser — 3/30/99
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	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 32223		1.4 CITY-ST-ZIP	Zip 32223	
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	Zip 32223	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Gene E. Keyser 3/30/99 904-262-0410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR2F034 (11/98)