FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 MAY -1 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****400.00 ****200.00

DOCUMENT # **P94000065659 (2)**

1. Corporation Name
KEYSTONE BAY AREA CORPORATION

Principal Place of Business	Mailing Address
150 BURBANK RD. OLDSMAR FL 34677	150 BURBANK RD. OLDSMAR FL 34677

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/07/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21 371 Scarlet Boulevard	26 371 Scarlet Boulevard	59-3270276	☐ Applied For ☐ Not Applicable
Suite, Apt #, etc 22	Suite, Apt #, etc 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 Oldsmar, Florida	City & State 28 Oldsmar, Florida	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / County 24 34677 / 25 Pinellas	Zip / County 29 34677 / 30 Pinellas	7. 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
BRADLEY, JAMES A III 150 BURBANK RD. OLDSMAR FL 34677	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 371 Scarlet Blvd. 83 84 City: Oldsmar **FL** 85 Zip Code: 34677

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, typed or printed name of individual and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 9/24/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	BRADLEY, JAMES A III	12 NAME	
STREET ADDRESS	150 BURBANK RD.	13 STREET ADDRESS	371 Scarlet Boulevard
CITY ST ZIP	OLDSMAR FL 34677	14 CITY ST ZIP	Oldsmar, Florida 34677
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BRADLEY, MARY KAY	22 NAME	
STREET ADDRESS	150 BURBANK RD.	23 STREET ADDRESS	371 Scarlet Boulevard
CITY ST ZIP	OLDSMAR FL 34677	24 CITY ST ZIP	Oldsmar, Florida 34677
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	FORNWALT, ROBERT	32 NAME	
STREET ADDRESS	150 BURBANK RD.	33 STREET ADDRESS	371 Scarlet Boulevard
CITY ST ZIP	OLDSMAR FL 34677	34 CITY ST ZIP	Oldsmar, Florida 34677
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

RC

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 if changed, or on an attachment with an address.

SIGNATURE: _____ 3/24/95 813-854-2342
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0881717 CP