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FILED
Jul 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 224034 (9)

1. Corporation Name
TROI-KEYS CONSTRUCTION CORP.



Principal Place of Business

C/O FRANKLYN LEVENSON
1260 S.W. 16TH ST.
MIAMI FL 33145

Mailing Address

C/O FRANKLYN LEVENSON
1260 S.W. 16TH ST.
MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1959

4. FEI Number

59-0871616

Applied For

Not Applicable

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 6751 SE 144TH PL RD.

Suite, Apt. #, etc.

22 City & State

23 SUMMERFIELD, FL

Zip

24 34492

Country

25 MARION

2a. Mailing Address

26 PO Box 750

Suite, Apt. #, etc.

27 City & State

28 SUMMERFIELD, FL

Zip

29 34491

Country

30 MARION

9. Name and Address of Current Registered Agent

LEVENSON, FRANKLYN
1260 S.W. 16TH STREET
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name

FRANKLYN LEVENSON

82 Street Address (P.O. Box Number is Not Acceptable)

6751 SE 144TH PLACE ROAD

83

84 City SUMMERFIELD

FL

85

Zip Code 34492

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6-25-98

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME LEVENSON, FRANKLYN
STREET ADDRESS 1260 S.W. 16TH ST.
CITY-ST-ZIP MIAMI FL

TITLE S ☐ DELETE

NAME LEVENSON, CLARE
STREET ADDRESS 1260 S.W. 16TH STREET
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME SEE CHANGE OF ADDRESS

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME SAME
23 STREET ADDRESS 6751 SE 144TH PLACE ROAD
24 CITY-ST-ZIP SUMMERFIELD, FL

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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.

SIGNATURE

6-25-98 30-245-5005

CR2E034 (10/97)