

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 264615

1. Corporation Name

KEY LABORATORIES, INC.

Principal Place of Business

1185 BASKINS RD.
LARGO FL 34648

Mailing Address

1185 BASKINS RD.
LARGO FL 34648

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90076 008 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/19/1962

4. FEI Number

59-0996758

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 the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 1900 13 AVE N.

Suite, Apt. #, etc.

2a. Mailing Address

26 1900 13 AVE N.

Suite, Apt. #, etc.

City & State

23 ST. PETERSBURG, FL

Zip

Country

24 33713 25 USA

City & State

28 ST. PETERSBURG, FL

Zip

Country

29 33713 30 USA

9. Name and Address of Current Registered Agent

MERCADO, ROBERT
1185 BASKINS RD
LARGO FL 33778

10. Name and Address of New Registered Agent

81 Name

ROBERT MERCADO

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

1900 13 AVE N.

83

84 City

ST. PETERSBURG

FL

85 Zip Code

33713

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

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTV
MERCADO, ROBERT
1065 22ND AVE. N.
ST. PETERSBURG FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
RIVERA, MARILYN
2419 15 AVE N
ST PETERSBURG FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change

☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
P.T.V.
ROBERT MERCADO
1900 13 AVE N.
ST. PETERSBURG, FL 33713

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT MERCADO

4/20/99

Date

727-896-6696

Daytime Phone #

CR2E034 (11/98)