

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **479317** (0)

1. Corporation Name  
**THE KEY CORPORATION**



Principal Place of Business  
**909 E BOUGAINVILLE  
LEHIGH ACRES FL 33906**

Mailing Address  
**909 E BOUGAINVILLE  
LEHIGH ACRES FL 33906**

3. Date Incorporated or Qualified: **06/19/1975**      3a. Date of Last Report: **04/13/1995**

4. FEI Number: **59-1603315**      Applied For:  Not Applicable

5. Certificate of Status Debared:  **\$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

2. Principal Place of Business: **21** \_\_\_\_\_ **26** \_\_\_\_\_  
 Suite, Apt. #, etc. \_\_\_\_\_ Suite, Apt. #, etc. \_\_\_\_\_  
**22** \_\_\_\_\_ **27** \_\_\_\_\_  
 City & State \_\_\_\_\_ City & State \_\_\_\_\_  
**23** \_\_\_\_\_ **28** \_\_\_\_\_  
 Zip \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
**24** \_\_\_\_\_ **25** \_\_\_\_\_ **29** \_\_\_\_\_ **30** \_\_\_\_\_

9. Name and Address of Current Registered Agent

**WILLIAMS, THOMAS R  
909 E BOUGAINVILLE  
LEHIGH ACRES FL 33906**

10. Name and Address of New Registered Agent

**81** Name \_\_\_\_\_  
**82** Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
**83** \_\_\_\_\_  
**84** City \_\_\_\_\_ **85** Zip Code **FL** \_\_\_\_\_

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(1)(a), Florida Statutes, the above named corporation submits the 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. Thereby assent the appointment as registered agent. I am familiar with, and accept the obligations of, the Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETED
NAME	<b>WILLIAMS, THOMAS</b>	
STREET ADDRESS	<b>909 EAST BOUGAINVILLE</b>	
CITY-STATE-ZIP	<b>LEHIGH ACRES FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETED
NAME	<b>WILLIAMS, JOAN</b>	
STREET ADDRESS	<b>909 EAST BOUGAINVILLE</b>	
CITY-STATE-ZIP	<b>LEHIGH ACRES FL</b>	
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-STATE-ZIP	
15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	
17. STREET ADDRESS	
18. CITY-STATE-ZIP	
19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	
21. STREET ADDRESS	
22. CITY-STATE-ZIP	
23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	
25. STREET ADDRESS	
26. CITY-STATE-ZIP	
27. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME	
29. STREET ADDRESS	
30. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied herein is true, correct, and complete, and that the information is true, correct, and complete as of the date of filing. I further certify that the information and data on this form is true, correct, and complete as of the date of filing, and that the information is true, correct, and complete as of the date of filing. I am an officer or director of the corporation or the secretary or treasurer, or a person authorized 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 omitted attached with an address.

SIGNATURE: *Thomas R. Williams*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-96 941-369-1981

CR2E034 (12/95)