

PROFIT CORPORATION ANNUAL REPORT 1999



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

**FILED**  
**Jun 24, 1999 8:00 am**  
**Secretary of State**

06-24-1999 90001 010 \*\*\*150.00

DOCUMENT # 479317

1. Corporation Name  
KEY CORPORATION

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12-6-75

2. Principal Place of Business 2a. Mailing Address  
21 Lehigh Acres 26 909 E. BOUGAINVILLEA

4. FEI Number Applied For  
59-1603315 Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 909 E. BOUGAINVILLEA 27

5. Certificate of Status Desired  \$8.75 Additional Fee Required

City & State City & State  
23 Lehigh Acres, FL 28 Lehigh Acres, FL

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

Zip Country Zip Country  
24 33936 25 29 33936 30

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS R. WILLIAMS  
909 E. BOUGAINVILLEA  
Lehigh Acres, FL 33936

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD	THOMAS R. WILLIAMS <input type="checkbox"/> DELETE
NAME	909 E. BOUGAINVILLEA
STREET ADDRESS	LEHIGH ACRES, FL 33936
CITY-ST-ZIP	
TITLE SD	JOAN B. WILLIAMS <input type="checkbox"/> DELETE
NAME	909 E. BOUGAINVILLEA
STREET ADDRESS	LEHIGH ACRES, FL 33936
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Thomas R. Williams - P  
THOMAS R. WILLIAMS

6-15-99 941-369-2291  
Date Daytime Phone #

CR2E034 (11/98)

909 E. Bougainvillea Rd.  
Lehigh Acres, FL. 33936  
Telephone (941) 369-2291

June 15, 1999

Division of Corporations  
P. O. Box 6327  
Tallahassee, FL. 32314

On June 1st I realized that I had not received the Statement to pay the annual corporation fee \$150.00

I called your office and talked to Tammie Marks who mailed me the forms. She informed me that since I did not receive the forms in January, I would not have to pay the penalty for late payment.

Enclosed is the check for \$150.00

Thank you,



Thomas R. Williams  
President

