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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 8:31

DOCUMENT # 559821 (4)

1. Corporation Name
KEG AND I, INC.

~~PEBBLES RESTAURANT~~ ~~12000 GULF BLVD FLA 33706~~

Principal Place of Business	Mailing Address
15462 GULF BLVD. UNIT 505 MADEIRA BEACH FL 33708	15462 GULF BLVD. UNIT 505 MADEIRA BEACH FL 33708

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/15/1978
3a. Date of Last Report: 06/16/1994

2. Principal Place of Business: KEG AND I, INC.
21 PEBBLES RESTAURANT
Suite, Apt. #, etc. 22
City & State 23 TREASURE ISLAND FLA.
Zip 24 33706 Country 25

2a. Mailing Address
26 12000 GULF BLVD
Suite, Apt. #, etc. 27
City & State 28 TREASURE ISLAND FLA.
Zip 29 33706 Country 30

4. FEI Number: 59-1800839 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BOYD, WILLARD
15462 GULF BLVD., UNIT 505
MADEIRA BEACH FL 33708

10. Name and Address of New Registered Agent

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 *Willard Boyd* DATE 3-2-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	☐ Change ☐ Addition
NAME	BOYD, WILLARD	1 2 NAME	
STREET ADDRESS	15462 GULF BLVD	1 3 STREET ADDRESS	
CITY-ST-ZIP	MADEIRA BEACH FL	1 4 CITY-ST-ZIP	
TITLE	VD	2 1 TITLE	☐ Change ☐ Addition
NAME	BOYD, RONALD	2 2 NAME	
STREET ADDRESS	15462 GULF BLVD.	2 3 STREET ADDRESS	
CITY-ST-ZIP	MADEIRA BEACH FL	2 4 CITY-ST-ZIP	
TITLE	VD	3 1 TITLE	☐ Change ☐ Addition
NAME	BOYD, RICHARD	3 2 NAME	
STREET ADDRESS	15462 GULF BLVD.	3 3 STREET ADDRESS	
CITY-ST-ZIP	MADEIRA BEACH FL	3 4 CITY-ST-ZIP	
TITLE	STD	4 1 TITLE	☐ Change ☐ Addition
NAME	BOYD, CATHERINE	4 2 NAME	
STREET ADDRESS	15462 GULF BLVD.	4 3 STREET ADDRESS	
CITY-ST-ZIP	MADEIRA BEACH FL	4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

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: *Willard Boyd* 813-3603370 3-2-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0310789 CP