

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Mathum
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 674884 (2)

1. Corporation Name
BAYNARD-KEY, INC.



Principal Place of Business: **1534 PARK STREET, NORTH ST. PETERSBURG FL 33710**
Mailing Address: **1534 PARK STREET, NORTH ST. PETERSBURG FL 33710**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
State, Apt. #, etc.					State, Apt. #, etc.				
City & State					City & State				
Zip		Country			Zip		Country		

3. Date Incorporated (or Organized)	3a. Date of Last Report
06/25/1980	03/08/1995
4. FEI Number	Applied For
59-2026168	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing (Trust Fund Contribution)	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

**FENNELL, SUSAN KEY
8235 39TH AVENUE N.
ST. PETERSBURG FL 33709**

81	Name	Susan Key Fennell
82	Street Address (P.O. Box Number is Not Acceptable)	7166 118th Street No.
83	City	Seminole
84	City	Seminole
85	Zip Code	FL 34642

11. Pursuant to the provisions of Sections 607.01(4) and 607.1505, 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. Thereby, I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.01(4), Florida Statutes.

SIGNATURE: _____ Signature of Registered Agent: _____ Date: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KEY, RICHARD C., JR	
STREET ADDRESS	1534 PARK ST NO	
CITY-STATE-ZIP	ST. PETERSBURG FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	FENNELL, SUSAN KEY	
STREET ADDRESS	8235 39TH AVE N.	
CITY-STATE-ZIP	ST PETERSBURG FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	KEY, MARY R	
STREET ADDRESS	1534 PARK ST NO	
CITY-STATE-ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND/DIRE CTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
15 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	Sec/Tres
17 STREET ADDRESS	Susan Key Fennell
18 CITY-STATE-ZIP	7166 118th St. No. Seminole, FL
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY-STATE-ZIP	34642
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 with this filing is voluntary, true and correct, and that I am an officer or director of the corporation or the trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 if changed, or on an attached separate sheet of fees.

SIGNATURE: *Susan Key Fennell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96 813 381-3893
Date and Phone Number

CR2E034 (12/95)