SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUL -3 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **744936** **(6)**

1. Corporation Name

THE KEY PLAYERS, INC.

Principal Place of Business	Mailing Address
612 N SILVER CIR P.O. BOX 181 KEY LARGO FL 33037	612 N SILVER CIR P.O. BOX 181 KEY LARGO FL 33037

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/15/1978
3a. Date of Last Report: 01/31/1994
4. FEI Number: 59-1843231 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ XXX FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 364 SOUND DRIVE	26 364 SOUND DRIVE
Suite, Apt. #, etc. 22 P.O. BOX 181	Suite, Apt. #, etc. 27 P.O. BOX 181
City & State 23 KEY LARGO, FL. 33037	City & State 28 KEY LARGO, FL. 33037
Zip / Country 24 / 25 MONROE	Zip / Country 29 / 30 MONROE

9. Name and Address of Current Registered Agent

MIKLAS, JOE
86000 OVERSEAS HIGHWAY
P.O. BOX 366
ISLAMORADA, FL. FL 33036

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	President ☒ Change ☐ Addition
NAME	SAX, ROBERT	12 NAME	SHANK, BRADLEY
STREET ADDRESS	11 OLD STATE ROAD HARBOURAGE	13 STREET ADDRESS	364 SOUND DRIVE
CITY-ST-ZIP	KEY LARGO FL 33037	14 CITY-ST-ZIP	KEY LARGO, FL. 33037
TITLE	VD	21 TITLE	Vice-President ☒ Change ☐ Addition
NAME	BUTLER, TOM	22 NAME	HOLLINGSWORTH, CINDY
STREET ADDRESS	97652 OVERSEAS HWY	23 STREET ADDRESS	153 APACHE
CITY-ST-ZIP	KEY LARGO FL 33037	24 CITY-ST-ZIP	TAVERNIER, FL. 33070
TITLE	SD	31 TITLE	Secretary ☒ Change ☐ Addition
NAME	HOLLINGSWORTH, CINDY	32 NAME	GALLAGHER, SUSAN
STREET ADDRESS	153 APACHE	33 STREET ADDRESS	167 COCOA DRIVE
CITY-ST-ZIP	TAVERNIER FL 33070	34 CITY-ST-ZIP	TAVERNIER, FL. 33070
TITLE	TD	41 TITLE	Treasurer ☒ Change ☐ Addition
NAME	MCDONALD, MARY	42 NAME	BUTLER, TOM
STREET ADDRESS	P.O. BOX 1072 N/A	43 STREET ADDRESS	97652 O/S HWY, PH 7
CITY-ST-ZIP	TAVENIER FL 33070	44 CITY-ST-ZIP	KEY LARGO, FL. 33037
TITLE	D	51 TITLE	Director ☒ Change ☐ Addition
NAME	OUELLETTE, MIKE	52 NAME	McDONALD, MARY
STREET ADDRESS	535 OCEANWAY	53 STREET ADDRESS	612 N. SILVER CIRCLE
CITY-ST-ZIP	KEY LARFO FL 33037	54 CITY-ST-ZIP	KEY LARGO, FL. 33037
TITLE	D	61 TITLE	Director ☒ Change ☐ Addition
NAME	SHANK, BRADLEY	62 NAME	MILLER, DEBORAH
STREET ADDRESS	364 SOUND DRIVE	63 STREET ADDRESS	P.O. BOX 837 N/A
CITY-ST-ZIP	KEY LARGO FL 33037	64 CITY-ST-ZIP	TAVERNIER, FL. 33037
			Director (chg) DOWTY, RICHARD 139 BAYVIEW DR. KEY LARGO, FL. 33037

CR2E037 (3/95)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary J McDonald 6/28/95 305-852-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Director

0000423