

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED  
95 MAY -1 AM 9:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **748106** (2)  
1. Corporation Name  
**UPPER KEYS ASSIST TEAM, INC.**

Principal Place of Business: **614 LA PALOMA ROAD KEY LARGO FL 33037**  
Mailing Address: **P.O. BOX 7 KEY LARGO FL 33037-7007**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **07/17/1979**      3a. Date of Last Report: **11/04/1994**

4. FEI Number: **65-0021088**      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:  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**      2a. Mailing Address: **26**

22 Suite, Apt #, etc.      27 Suite, Apt # etc.

23 City & State      28 City & State

24 Zip      25 Country      29 Zip      30 Country

9. Name and Address of Current Registered Agent  
~~KNIGHT, BETTY JEAN  
1202 MOCKINGBIRD ROAD  
KEY LARGO FL 33037~~

10. Name and Address of New Registered Agent

81 Name: **Laurie A. Bossle**

82 Street Address (P.O. Box Number is Not Acceptable): **179-1st Ct KLV**

83

84 City: **Key Largo** FL 85 Zip Code: **33037**

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: *Laurie A. Bossle*      *Laurie A. Bossle*      4-2A-95

12. OFFICERS AND DIRECTORS	
TITLE: <b>P</b>	<b>WIGGINS, BILL</b> 614 LA PALOMA ROAD KEY LARGO FL 33037
TITLE: <b>V</b>	<del>ANDERSON, ROBERT W</del> 600 SANTA ANITA LANE KEY LARGO FL 33037
TITLE: <b>T</b>	<del>KNIGHT, BETTY JEAN</del> 1202 MOCKINGBIRD ROAD KEY LARGO FL 33037
TITLE: <b>D</b>	<del>GALDWELL, DOUG</del> 1007 WALEAH LANE KEY LARGO FL
TITLE: <b>D</b>	<b>SCHIPPMAN, VIRGINIA</b> 890 ELLEN DR KEY LARGO, FL 00000
TITLE: <b>D</b>	<b>THOMAS, DELBERT</b> 289 LANCE LANE KEY LARGO, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE:	<b>President</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE:	<b>Vice President</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME:	<b>F. Kenneth Bossle</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
23 STREET ADDRESS:	<b>179-1st Ct KLV</b>
24 CITY ST ZIP:	<b>Key Largo FL 33037</b>
31 TITLE:	<b>Secretary-Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME:	<b>Laurie A. Bossle</b>
33 STREET ADDRESS:	<b>179-1st Ct KLV</b>
34 CITY ST ZIP:	<b>Key Largo FL 33037</b>
41 TITLE:	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME:	<b>ROBERT Anderson</b>
43 STREET ADDRESS:	<b>600 Santa Anita Lane</b>
44 CITY ST ZIP:	<b>Key Largo FL 33037</b>
51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME:	
53 STREET ADDRESS:	
54 CITY ST ZIP:	
61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME:	
63 STREET ADDRESS:	
64 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 143.07(3)(b), 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: *F. Kenneth Bossle*      *F. Kenneth Bossle*      4-2A-95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      (Typed Name)