FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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 FEB 20 AM 11:06

DOCUMENT # 758295 (0)

1. Corporation Name
KEY WEST HOTEL & MOTEL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3152 NORTHSIDE DR P.O. BOX 4056 KEY WEST FL 33041-1056 US	3152 NORTHSIDE DR P.O. BOX 4056 KEY WEST FL 33041-1056 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/03/1981
3a. Date of Last Report: 02/10/1994
4. FEI Number: 65-0368372 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 3152 NORTHSIDE DRIVE	26 3152 NORTHSIDE DRIVE
Suite, Apt. #, etc. 22 101	Suite, Apt. #, etc. 27 101
City & State 23 KEY WEST, FL	City & State 28 KEY WEST, FL
Zip / Country 24 33040 / 25 US	Zip / Country 29 33040 / 30 US

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

9. Name and Address of Current Registered Agent

SMITH, JACK
3620 NORTHSIDE COURT
KEY WEST FL 33040

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 _____ 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	ED	1.1 TITLE	EXECUTIVE VICE-PRESIDENT	☒ Change	☐ Addition
NAME	SMITH, JACK	1.2 NAME	SMITH, JACK		
STREET ADDRESS	3152 NORTHSIDE DR	1.3 STREET ADDRESS	3152 NORTHSIDE DR STE 101		
CITY-ST-ZIP	KEY WEST, FL 00000	1.4 CITY-ST-ZIP	KEY WEST, FL 33040		
TITLE	D	2.1 TITLE	D	☒ Change	☐ Addition
NAME	DEFEO, DON	2.2 NAME	JOY SMART		
STREET ADDRESS	250 RACQUET CLUB RD	2.3 STREET ADDRESS	1 DUVAL ST		
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	KEY WEST, FL 33040		
TITLE	D	3.1 TITLE		☐ Change	☐ Addition
NAME	BABICH, MATT	3.2 NAME			
STREET ADDRESS	1319 DUVAL ST	3.3 STREET ADDRESS			
CITY-ST-ZIP	KEY WEST FL	3.4 CITY-ST-ZIP			
TITLE	PD	4.1 TITLE	PRESIDENT	☒ Change	☒ Addition
NAME	TINLIN, GERRY	4.2 NAME	ROBERT J LEHMAN JR.		
STREET ADDRESS	0 DUVAL STREET	4.3 STREET ADDRESS	430 DUVAL ST.		
CITY-ST-ZIP	KEY WEST FL	4.4 CITY-ST-ZIP	KEY WEST, FL, 33040		
TITLE	TD	5.1 TITLE	IMMEDIATE PAST PRES DIRECTOR	☒ Change	☐ Addition
NAME	WEBB, JEFF	5.2 NAME	GERRY TINLIN		
STREET ADDRESS	2801 N ROOSEVELT BLVD	5.3 STREET ADDRESS	2ERO DUVAL ST.		
CITY-ST-ZIP	KEY WEST FL	5.4 CITY-ST-ZIP	KEY WEST, FL 33040		
TITLE	SD	6.1 TITLE	SECRETARY - DIRECTOR	☐ Change	☒ Addition
NAME	WIGHTMAN, CAROL	6.2 NAME	JOAN SINGLETARY		
STREET ADDRESS	600 FLEMING ST	6.3 STREET ADDRESS	3941 N. ROOSEVELT BLVD		
CITY-ST-ZIP	KEY WEST FL	6.4 CITY-ST-ZIP	KEY WEST, FL 33040		

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: JACK SMITH Jack Smith 2-14-95 305-296-4959
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

000017A