

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **G09508**

(4)

1. Corporation Name

**KEY BANCSHARES, INC.**



Principal Place of Business

**3601 W. WATERS AVE.  
P.O. DRAWER 151317  
TAMPA FL 33684-8317**

Mailing Address

**3601 W. WATERS AVE.  
P.O. DRAWER 151317  
TAMPA FL 33684-8317**

3. Date Incorporated or Qualified  
**11/24/1982**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **900 N. Dixie Freeway**

26 **900 N. Dixie Freeway**

4. FEI Number

**59-2353550**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fees 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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **New Smyrna Bch, Fl.**

27 **New Smyrna Bch, Fl.**

Zip

Country

24 **32168**

25 **USA**

Zip

Country

29 **32168**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FORD, FRANCES R  
513 N. RIVERSIDE DRIVE  
EDGEWATER FL 32132**

81 Name

**Charles H. Byrd**

82 Street Address (P.O. Box Number is Not Acceptable)

**1223 Commodore Dr.**

83

**New Smyrna Bch, Fl. 32168**

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

*Charles H. Byrd*

(NOTE: Registered Agent signature required when reinstating)

4-25-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**C**

☒ DELETE

NAME

**FORD, FRANCES R**

STREET ADDRESS

**513 N. RIVERSIDE DRIVE**

CITY-ST-ZIP

**EDGEWATER FL 32132**

TITLE

**PD**

☐ DELETE

NAME

**BYRD, CHARLES H**

STREET ADDRESS

**1223 COMMODORE DRIVE**

CITY-ST-ZIP

**NEW SMYRNA FL 32168**

TITLE

**D**

☒ DELETE

NAME

**SMITH, TILDON W**

STREET ADDRESS

**3219 COUNTRY CLUB DRIVE**

CITY-ST-ZIP

**VALDOSTA GA 31802-1012**

TITLE

**S**

☒ DELETE

NAME

**MEARES, SANDRA G**

STREET ADDRESS

**167 SPRUCE STREET**

CITY-ST-ZIP

**NEW SMYRNA BEACH FL 32168**

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

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TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

**President - Director**

☐ Change

☒ Addition

1.2 NAME

**Peter D. Miller**

1.3 STREET ADDRESS

**303 Jesse Jewell Parkway Ste 700**

1.4 CITY-ST-ZIP

**Gainesville, Ga. 30501**

2.1 TITLE

**Secretary/Tres. Director**

☐ Change

☒ Addition

2.2 NAME

**Talmadge Garrison**

2.3 STREET ADDRESS

**4074 Cochran Rd.**

2.4 CITY-ST-ZIP

**Gainesville, GA 30506**

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

*Charles H. Byrd*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96

DATE

904-428-2466

DAYTIME PHONE #

CR2E034 (12/95)