

**CORPORATION
ANNUAL REPORT
1995**

Division of Corporations
Secretary of State

FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # G32336

(1)

1. Corporation Name

KEY LARGO RESORTS, INC.

Principal Place of Business

**103.5 MILE MARKER
KEY LARGO FL 33037**

Mailing Address

**P.O. BOX 2520
KEY LARGO FL 33037**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/06/1983	3a. Date of Last Report 05/01/1994
4. FEI Number 63-0844332	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	
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. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**CARNER, JOHN W.
757 HWY 98 EAST #14-271
DESTIN FL 32541**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	CARNER, JOHN W.	1.2 NAME	
STREET ADDRESS	100 GULFSHORE DR. #604	1.3 STREET ADDRESS	
CITY - ST - ZIP	DESTIN FL	1.4 CITY - ST - ZIP	
TITLE	DVT	2.1 TITLE	☐ Change ☐ Addition
NAME	STAFFORD, RICK	2.2 NAME	
STREET ADDRESS	2919 E VICTORIA ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	RANCHO DOMINQUEZ CA	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	STAFFORD, RICK	3.2 NAME	
STREET ADDRESS	2819 E VICTORIA ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	RANCHO DOMINGUEZ CA	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(A), 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, director, officer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICK STAFFORD

4/11/95 (310) 637 1500