

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90144 035 \*\*\*150.00

DOCUMENT # **G63034**

1. Corporation Name

**KEYES CITY INSURANCE AGENCY, INC.**

Principal Place of Business

**150 WESTWARD DR  
MIAMI SPRINGS FL 33166-5299  
US**

Mailing Address

**150 WESTWARD DR  
MIAMI SPRINGS FL 33166-5299  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/30/1983**

4. FEI Number

**59-2295742**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

7. Trust Fund Contribution ☐

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

**26** 372 MINOLA DRIVE

Suite, Apt. #, etc.

**27** City & State

**28** MIAMI SPRINGS, FL

**29** Zip

**30** Country

**31** 33166

**32** USA

9. Name and Address of Current Registered Agent

**WEINTRAUB, ALBERT L.  
2250 SW 3RD AVE.  
MIAMI FL 33129**

10. Name and Address of New Registered Agent

**81** Name

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

**83** MIAMI SPRINGS

**84** City

**FL**

**85** Zip Code

**33166**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**NAME** PTD  
**STREET ADDRESS** FIELDS, J. C.  
**CITY-ST-ZIP** 372 MINOLA DRIVE  
MIAMI SPRINGS FL

TITLE ☐ DELETE

**NAME** VSD  
**STREET ADDRESS** STANLEY, DENNIS H.  
**CITY-ST-ZIP** 5413 SW 137 CT.  
MIAMI FL

TITLE ☐ DELETE

**NAME** SD  
**STREET ADDRESS** FIELDS, LYNN  
**CITY-ST-ZIP** 372 MINOLA DRIVE  
MIAMI SPRINGS, FL.

TITLE ☐ DELETE

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.C. FIELDS, PRESIDENT

305-888-8585

Date

Daytime Phone #

0240757

CR2E034 (11/98)