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PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **H31180** **(3)**

1. Corporation Name
KEY LARGO GROUP UTILITY COMPANY

Principal Place of Business	Mailing Address
2600 DOUGLAS ROAD SUITE 900 CORAL GABLES FL 33134 US	C/O THOMAS E MISCHELL. ONE EAST FOURTH ST STE 800 CINCINNATI OH 45202 US

3. Date Incorporated or Qualified: **11/26/1984**
3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business
21 **40 Pearl Street Northwest**
Suite, Apt. #, etc.
22 **Suite 430**
City & State
23 **Grand Rapids MI**
Zip 24 **49503** Country 25 **US**

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-2614686** ☐ 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

9. Name and Address of Current Registered Agent

LUBAN, KENNETH A ESQUIRE
31 OCEAN REEF DR STE C300
KEY LARGO FL 33037

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 _____ (NOTE: Registered Agent Signature Required) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS BELISLE, GERALD JR. 2600 DOUGLAS ROAD SUITE 900 CORAL GABLES FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 40 Pearl Street Northwest Suite 430 Grand Rapids MI 49503	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT MISCHELL, THOMAS E ONE E FOURTH ST CINCINNATI OH	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition Cincinnati OH 45202	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HEWETT, CHRISTOPHER B 2600 DOUGLAS ROAD SUITE 900 KEY LARGO FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition 40 Pearl Street Northwest Suite 430 Grand Rapids MI 49503	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT RUNK, FRED J ONE E FOURTH ST CINCINNATI OH	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition Cincinnati OH 45202	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition	

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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 added on an attachment with an address.

SIGNATURE: Thomas E. Mischell — **Assistant Treasurer** — **4/29/96** — **513-579-2171**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Thomas E. Mischell