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Apr 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H52218

(5)

1. Corporation Name

TROPICAL KEY CORPORATION

Principal Place of Business

221 LAKE LINK ROAD SE
WINTER HAVEN FL 33884
US

Mailing Address

221 LAKE LINK ROAD SE
WINTER HAVEN FL 33884
US



3. Date Incorporated or Qualified

04/15/1985

3a. Date of Last Report

04/17/1996

4. FEI Number

59-2537464

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATE, WILLIAM W., JR.
221 LAKE LINK ROAD SE
WINTER HAVEN FL 33884

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCD ☐ DELETE
NAME PATE, WILLIAM W., JR.
STREET ADDRESS OVERSEAS HWY; MM 82 1/2
CITY-ST-ZIP ISLAMORADA FL

1.1 TITLE PCD ☒ Change ☐ Addition
1.2 NAME WILLIAM W PATE JR
1.3 STREET ADDRESS 221 LAKE LINK RD, SE
1.4 CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE VPD ☐ DELETE
NAME PATE, JODI L.
STREET ADDRESS PEN KEY CLUB
CITY-ST-ZIP ISLAMORADA FL

2.1 TITLE VPD ☒ Change ☐ Addition
2.2 NAME JODI L PATE
2.3 STREET ADDRESS 221 LAKE LINK RD, SE
2.4 CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE D ☐ DELETE
NAME HOMMELL, GEORGE F., JR.
STREET ADDRESS DOGWOOD DRIVE
CITY-ST-ZIP ISLAMORADA FL

3.1 TITLE D ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME APPERSON, NED
STREET ADDRESS PELHAM ROAD INGLEWOOD CO
CITY-ST-ZIP GREENVILLE SC

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME APPERSON NED
4.3 STREET ADDRESS 266 OLD CEDAR LOOP
4.4 CITY-ST-ZIP PAWLEYS ISLAND SC 29585

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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.

SIGNATURE: William W. Pate, Jr. WILLIAM W. PATE, JR 3-25-97 991 3180501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0511129

CR2E034 (9/96)