FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR -3 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H76410 (0)

1. Corporation Name
S & W OF KEY WEST, INC.

Principal Place of Business	Mailing Address
6531 MALONEY AVE. STOCK ISLAND KEY WEST FL 33040 US	P.O. BOX 5888 KEY WEST FL 33045-5888 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/17/1985
3a. Date of Last Report: 02/15/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 58-1646187 ☐ 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

SMALLWOOD, W.S.
209 DUVAL ST
KEY WEST FL 33040

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	1.1 TITLE	sec/Pres.	☐ Change ☑ Addition
NAME	CHESTNUTT, WARREN	1.2 NAME	KATHLEEN E Pace	
STREET ADDRESS	6531 MALONEY AVE.	1.3 STREET ADDRESS	6531 MALONEY Ave	
CITY-ST-ZIP	KEY WEST FL	1.4 CITY-ST-ZIP	Key West, Fl	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	CHESTNUTT, WARREN	2.2 NAME		
STREET ADDRESS	6531 MALONEY AVE.	2.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL	2.4 CITY-ST-ZIP		
TITLE	VP	3.1 TITLE		☐ Change ☐ Addition
NAME	PACE, WILLAIM R.	3.2 NAME		
STREET ADDRESS	6531 MALONEY AVENUE	3.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL	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)(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 the 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: Kathleen E Pace ST Kathleen E Pace Feb 25, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
305-296-0294

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