FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

1996			DIVISION OF CORPORATIONS							
DOCU 1. Corporation	MENT # J079	19	(0)							
GERA	LD E. KEYES, P.A.									
Principal Place of Business			Mailing Address			i inmerith milt balte shille builbi life	4 3811 6 1816 8 18	IN DIBIN BIBI	B(\$() \$(\$() (\$)	
333 W. MIAMI AVE. VENICE FL 34285			3 W. MIAMI AVE. NICE FL 34285							
							3. Date Incorporated or Qualified 04/07/1986		of Last F 4/18/19	
	Place of Business	F1	failing Address				4. FEI Number	l		Applied For
Suite, Apt.	# oto	26					59-2652555			Not Applicable
2	, n, etc.	27	uite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required
City & Stat	te		ity & State				6. Election Campaign Financing			May Be
3		28					Trust Fund Contribution		Adde	d to Fees
Ζφ 4	Country 25	29	ΙÞ	Cour	itry		8. This corporation has liability for		x under s	199.032,
<u>- </u>	9. Name and Address of Cu		ed Agent	30			Florida Statutes Yes 10. Name and Address of New I	No Paristared	Agent	
		-	···		81 1	Namic		- gistorou	Agein.	
KEYES, GERALD E.					82 5	Stroot Adds	ess (P.O. Box Number is Not Acceptal	Jest		
	MIAMI AVE.				02	Sileet Addit	ess (i .o. box intrince is not Acceptal	экар		
VENICE	FL 34285			i	83					
				,	84	Dity			85 Z	p Code
11 Dureupat	to the provisions of Speliana 6077	0500 507.1	600 FI-21- 601 (<u> </u>		ation submits this statement for the pu	<u>FL</u>		-
or registe	red agent, or both, in the State of	Florida. Such ch	nange was authoriz	ed by the co	orpora	ition's boar	d of directors. Thereby accept the app	raose or cha ointment as	inging its i registered	registered office Lagent, Lam
SIGNATURE	in, and accept the obligations of, a	CU. YGO NGIDBO	Jo, Florida Statutes							
11.14	Signature, typed or printed name of regulared	·		Tel Hogisterici, A	April 5	gradure response)	When reno toney'	LATE		
2.	OFFICERS	AND DIRECTO		13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 12
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STREET ADDRESS STY-ST-ZIP			DELETE	6 1 TH. 62 NAM 63 STH	. E AE	PRESS] Change	Add tion

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 supplements 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 13 if changed on an attachment with appealing section.

SIGNATURE:

IG OF ER OR DIRECTOR

3/4/16

Dayton Phone #