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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 04 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J31240

(1)

KEYS MOBILE HOME & R/V SERVICES, INC.

Principal Place of Business Mailing Address						I INDITION OF A STATE TO A STATE OF A STATE	Biğir Şiğir B	FAIR PHAIL BLAIL	41611 (9B)
101851 OVERSI KEY LARGO FL		101851 OVERSEAS HIGHWAY KEY LARGO FL 33037-4580							
						3. Date Incorporated or Qualified 09/02/1986		ite of Last R 24/1996	eport
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number			plied For
21		26				65-0018672			t Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc 27			5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
City & State	ė								
Zφ	Country	Zip	Cou	ntry		8. This corporation has liability for	ntangible	tax under s	. 199.032,
24	25	29	30	***************************************		Florida Statutes			
	9. Name and Address of Currer	nt Registered Agent		1		10. Name and Address of New Re	gistered /	Agent	
RHO)ADES, MARVIN W.			81	Name				
	851 OVERSEAS HIGHWAY LARGO FL 33037			82	Street Add	dress (P.O. Box Number is Not Acceptable)			
PAGE I	DAIGO I E SOCOI	•		83					
			:	84	City		FL	85 Zip	Code
agent La SIGNATURI	m familiar with and accept the oblig	ations of, Section 607.0505, FI	orida Stat	utes	3.	tion's board of directors. I hereby acce	DATE		
12.	F F MARKET	D DIRECTORS	CTORS 13.		Т	ADDITIONS/CHANGES TO OFFIC	ERS ANL	Change	Addition
THE	PD RHOADES, MARVIN W.	L., DELLIE						L_1 Orlange	C. ROOMION
NAME	101851 OVERSEAS HWY.		1 2 N		*********				
STREET ADDRESS	KEY LARGO FL		1.3 STREET ADDRESS 1.4 City-St-Zip						
COY S1-761 DIG	ST	DELETE	211		1-212			Change	Addition
HAME	RHOADES, JEANNE Y.			22 NAME					
STREET ADDRESS	101851 OVERSEAS HWY.			2 3 STREET ADDRESS					
Ony-St-ZiP	KEY LARGO FL		2. 4 CIFY-ST-ZIP						
Till t		DELETE			**************************************			Change	Addition
NAME			3 2 N	AME	1				
STREET ADDRESS			338	IREET	ADDRESS	1			
CHY-ST-ZIP			3.4 C	ITY-S	ST-ZIP				
111:6		☐ DELETE	4.1 11	TLE				Change	Addition
HAME			4.2 6	IAME					
STREET ADDRESS			4.3 S	REET	ADORESS				
CHY-ST ZIP					ST-21P			17.	
*IILE	☐ DELETE			5.1 TITLE				☐ Change	Addition
NAME			5.2 N.						
STREET ADDRESS		•			ADDRESS				
CCTY - ST - ZIP		DELETE		_	ST-ZIP			Change	Addition
THUE		ן אַ טבּננונ	6.1 Ti					change	L MOULION
NAME DISHER TOTAL			6.2 N		Interes			,	
STREET ADDRESS					ADDRESS				
C:TY+ST-7IP			6.4 C	ITY-S	ST-ZIP				

14. If 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 parking.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date