FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name

(7)

GIRL FRIDAY OF THE FLORIDA KEYS, INC.

FILED Mar 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					<u> </u>	DIDII DIAII DIDII BIDEI VIDII FVOF
SOO WHITEHEAD ST SOO WHITEHEAD ST KEY WEST FL 33040 KEY WEST FL 33040						
US		US			DO NOT WRITE IN THE	S SPACE
		•			3. Date Incorporated or Qualified	
					09/18/1986	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2758927	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional	
22		27		b. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23	28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the c	
24	[25]		30	·· · · · · · · · · · · · · · · · · · ·	Personal Property Tax due June 30.	Yes No
g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
_	BARKER, RONALD A		81	Name		
3 ARBUTUS DRIVE			82	Street Add	iress (P.O. Box Number is Not Acceptable)	
KEY WEST FL 33040						
			83			
			84	City	<u> </u>	85 Zip Code
				•	F	L i
11. Pursuant to the provisions of Soctions 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.						
StGNATURE Signature, typed or printed namer of registered agent and title of applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.		D DIRECTORS	13.	viginale v rege	ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTORS IN 12
TITLE	PST	DELETE 1.1 T				☐ Change ☐ Addition
NAME	HOBBS, THOMAS H.		1.2 NAME	-		-
STREET ADDRESS	509 WHITEHEAD ST		1.3 STREET ADDRESS			
CITY-ST-ZIP	VEV MEAT EI		1.4 CITY-S	1 - 71P		i
TITLE	VP	DELETE	2.1 TITLE	:		Change Addition
NAME	HOBBS, ALICE B.		22 NAME			
STREET ADDRESS	509 WHITEHEAD ST		2.3 STREET ADDRESS			
CITY-ST-ZIP	KEY WEST FL		2.4 CITY-S			
TITLE			31 TITLE	' -"		Change Addition
NAME	BARKER, RONALD A		32 NAME]	·	-
STREET ADDRESS	3 ARBUTUS DRIVE		3 3 STREET	ADDRESS		
CITY-ST-ZIP	KEY WEST FL		3.4. CITY-S	i		
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			1
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP	1		4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			[
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-S			İ
TITLE		DELETE	6.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY - S'			
	L		5,7 5,17 0	1		

14. I 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.

305) 296 9878