

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 10 PM 12:54

DOCUMENT # J88980 (4)
1. Corporation Name
KEYCO CONSTRUCTION, INC.

Principal Place of Business Mailing Address
1602 S FLORIDA AVE * CHARLES R. KEYSER
SUITE 3A 2017 SHORELAND DRIVE
LAKELAND FL 33823 AUBURNDALE FL 33823
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/18/1987 3a. Date of Last Report 04/14/1994
4. FEI Number 59-2846352 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
21 Suite, Apt. #, etc. 26 1602 S. FLORIDA
22 City & State 27 SUITE 3A
23 Zip 28 LAKELAND FL
24 Country 29 33803 30 US

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
KEYSER, CHARLES R. 81 Name
2017 SHORELAND DRIVE 82 Street Address (P.O. Box Number is Not Acceptable)
AUBURNDALE FL 33823 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 the if applicable.

(NOTE: Registered Agent signature required when restateating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	KEYSER, CHARLES R.	1.2 NAME	
STREET ADDRESS	2017 SHORELAND DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☒ Change ☐ Addition
NAME	KEYSER, TERRY L. B.	2.2 NAME	VDT
STREET ADDRESS	2017 SHORELAND DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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 110.07(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
TERRY L. B. KEYSER

3-6-95 813-682-4747