

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K49006 (5)

1. Corporation Name
KEYS BOBCAT & LIGHT HAULING, INC.

Principal Place of Business
P O BOX 950
TAVERNIER FL 33070

Mailing Address
P O BOX 950
TAVERNIER FL 33070

FILED
May 20 1998 8:00am
Secretary of State



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/29/1988		3a. Date of Last Report 06/12/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0089607		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

LOEFFLER, PATTI
87431 OVERSEAS HWY.
ISLAMORADA FL 33036

10. Name and Address of New Registered Agent

81 Name NICK LAWRENCE
82 Street Address (P.O. Box Number is Not Acceptable)
92329 OVERSEAS HWY
83 P.O. Box 950
84 City TAVERNIER FL 85 Zip Code 33070

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 *Nick Lawrence* Nick Lawrence DATE 4-30-98
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D NICK LAWRENCE			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOEFFLER, HOLT E.		1.2 NAME	92329 OVERSEAS HWY. Box 950			
STREET ADDRESS	87431 OVERSEAS HWY		1.3 STREET ADDRESS	TAVERNIER FL 33070			
CITY-ST-ZIP	ISLAMORADA FL		1.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOEFFLER, PATRICIA B.		2.2 NAME				
STREET ADDRESS	87431 OVERSEAS HWY		2.3 STREET ADDRESS				
CITY-ST-ZIP	ISLAMORADA FL		2.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	900002533979			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	-05/22/98--01104--020			
STREET ADDRESS			4.3 STREET ADDRESS	***225.00			
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	25			
STREET ADDRESS			5.3 STREET ADDRESS	5.30			
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, on an attachment with an address.

SIGNATURE: *Nick Lawrence* Nick Lawrence DATE 4-30-98 305
852-7554
(NOTE: Registered Agent's signature required when reinstating)

CR2E034 (12/95)