

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

INCORPORATION  
 APPLICATION REPORT  
 1995



FLORIDA DEPARTMENT OF STATE  
 WENDELL W. WEAVER  
 GOVERNOR

DOCUMENT # **K57395**

(1)

**GOLDEN KEY INVESTMENTS, INC.**

STATE OF FLORIDA

COMMISSIONER OF REVENUE

2. Filing Agent's Name: C/O J GEOFFREY PFLUGNER  
 2033 MAIN STREET STE 600  
 SARASOTA FL 34237  
 US

2a. Mailing Address: C/O J GEOFFREY PFLUGNER  
 2033 MAIN STREET STE 600  
 SARASOTA FL 34237  
 US

21. State: FL  
 22. 2033 Main St., Suite 101  
 23. City & State: Sarasota, FL

26. State: FL  
 27. 2033 Main St., Suite 101  
 28. City & State: Sarasota, FL

3. Date Incorporated or Reinstated: 01/11/1989  
 3a. Date of Last Report: 04/05/1994

4. FEI Number: 65-0094631

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 indebtedness under a certificate of Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent:  
**PFLUGNER, J GEOFFREY**  
**2033 MAIN ST**  
**STE 600**  
**SARASOTA FL 34237**

10. Name and Address of New Registered Agent:  
 B1. Name: \_\_\_\_\_  
 B2. Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 B3. **Suite 101**  
 B4. City: \_\_\_\_\_ **FL** B5. Zip Code: \_\_\_\_\_

11. Pursuant to the provisions of sections 609.01 and 609.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as 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 hereby sworn and accept this appointment as required by Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '94	
DP NAME: ARNSBY, DAVID STREET ADDRESS: 5824 TIDEWOOD AVENUE CITY: SARASOTA FL		1. NAME: _____ 2. STREET ADDRESS: _____ 3. CITY: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DST NAME: ARNSBY, ANN STREET ADDRESS: 5824 TIDEWOOD AVENUE CITY: SARASOTA FL		2. NAME: _____ 2. STREET ADDRESS: _____ 2. CITY: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DV NAME: ARNSBY, NICHOLAS B STREET ADDRESS: 5824 TIDEWOOD AVE CITY: SARASOTA FL		3. NAME: _____ 3. STREET ADDRESS: _____ 3. CITY: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4. NAME: _____ 4. STREET ADDRESS: _____ 4. CITY: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5. NAME: _____ 5. STREET ADDRESS: _____ 5. CITY: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6. NAME: _____ 6. STREET ADDRESS: _____ 6. CITY: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the summary filing status as set forth in Florida Statutes. I further certify that I am an officer or director of the corporation and that I am authorized to execute this report as required by Chapter 609, Florida Statutes, and that my name appears on the list of officers and directors of the corporation as filed with the Secretary of State.

SIGNATURE: **D.B. ARNSBY** 4-20-95 (813) 344-3330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR