

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K80317 (6)

1. Corporation Name

E G ENTERPRISES OF FLORIDA KEYS, INC.



Principal Place of Business

Mailing Address

MM 25 US HWY 1
2ND FLOOR BARNETT BANK
SUMMERLAND KEY FL 33042

P.O. DRAWER 420829
SUMMERLAND KEY FL 33042-0829

3. Date Incorporated or Qualified
04/14/1989

3a. Date of Last Report
07/10/1995

2. Principal Place of Business

2a. Mailing Address

21 5001 FIFTH AVE.

26 103 HOOD AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STOCK ISLAND

27 FT. WALTON BEACH

City & State

City & State

23 KEY WEST, FL.

28 FL.

Zip

Country

Zip

Country

24 33040

25 USA

29

30 USA

4. FEI Number
65-0134264

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VURAL, EROL M.
MM25 US HWY 1
2ND FLOOR, BARNETT BANK BLDG.
SUMMERLAND KEY FL 33042

81 Name
NANCY GUERRY

82 Street Address (P.O. Box Number is Not Acceptable)
103 HOOD AVE

83 FT. WALTON BEACH

84 City

FL

85 Zip Code
33548

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Nancy Guerry
Signature typed or printed name of registered agent (and third if applicable)

Nancy Guerry
(NOTE: Registered Agent signature required when constituting)

08/04/96/

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
PD
GUERRY, EDWARD
450 N9 BLACKBEARD LANE
CUJOE KEY FL

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
V
SHEPARD, WILLIAM O
450 N9 BLACKBEARD LN
CUJOE KEY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
S
GUERRY, NANCY
103 HOOD AVE
FT WALTON BCH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
T
GUERRY NANCY
103 HOOD AVE
FT WALTON BCH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
V
JACQUI MCKINNON
450 N9 BLACKBEARD LN
CUJOE KEY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

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 617, 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

Aug 04 - 96

7415-3210
Daytime Phone #

CR2E034 (3/96)