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

PROFIT CORPORATION ANNUAL REPORT **1998**	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

FILED
Mar 09 1998 8:00am
Secretary of State

DOCUMENT # K80317   (6)

1. Corporation Name

E G ENTERPRISES OF FLORIDA KEYS, INC.

|||||||||||||||||||||||||||||||||||||||||||||||||| (barcode)

Principal Place of Business	Mailing Address
5001 5TH AVE. STOCK ISLAND KEY WEST FL 33040 US	103 HOOD AVE SE FT WALTON BEACH FL 32548-7231 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/14/1989

2. Principal Place of Business		2a. Mailing Address		4. FEI Number **65-0134264**		Applied For
21		26				Not Applicable
Suite, Apt. #, etc 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired ☐		**$8.75** Additional Fee Required
City & State 23		City & State 28		6. Election Campaign Financing ☐ Trust Fund Contribution		**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GUERRY, NANCY 103 HOOD AVE FT WALTON BEACH FL 32548	81 Name _____ 82 Street Address (P.O. Box Number is Not Acceptable) _____ 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 title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	GUERRY, EDWARD		1.2 NAME			
STREET ADDRESS	450 N9 BLACKBEARD LANE		1.3 STREET ADDRESS			
CITY-ST-ZIP	CUDJOE KEY FL		1.4 CITY-ST-ZIP			
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	GUERRY, NANCY		2.2 NAME			
STREET ADDRESS	103 HOOD AVE.		2.3 STREET ADDRESS			
CITY-ST-ZIP	FT. WALTON BEACH FL		2.4 CITY-ST-ZIP			
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME	GUERRY, NANCY		3.2 NAME			
STREET ADDRESS	103 HOOD AVE		3.3 STREET ADDRESS			
CITY-ST-ZIP	FT WALTON BCH FL		3.4 CITY-ST-ZIP			
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME	MCKINNON, JACQUI		4.2 NAME			
STREET ADDRESS	450 N9 BLACKBEARD LN.		4.3 STREET ADDRESS			
CITY-ST-ZIP	CUDJOE KEY FL		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-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

CR2E034 (10/97)

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.

SIGNATURE: _Nancy Guerry S/T_   _Mar 2 1998 244-7400_