

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

95 MAY 16 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K89097 (5)

1. Corporation Name

FLORIDA KEYS QUILTERS, INC.

Principal Place of Business

PO BOX 1251
KEY LARGO FL 33037

Mailing Address

PO BOX 1251
KEY LARGO FL 33037

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0145318

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added in Fees6. 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

SAMPLE MARY ELLEN
65 JEWFISH AVE
KEY LARGO FL 33037

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 fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MEIGHAN, JANE
STREET ADDRESS	526 SOUND DR
CITY - ST - ZIP	KEY LARGO FL
TITLE	DV
NAME	KARL, PETER A
STREET ADDRESS	90 N. BOUNTY LN.
CITY - ST - ZIP	KEY LARGO FL
TITLE	DS
NAME	SLEDD, TONIA
STREET ADDRESS	P. O. BOX 3168 N/A
CITY - ST - ZIP	KEY LARGO FL
TITLE	DT
NAME	SAMPLE, MARY E
STREET ADDRESS	65 JEWFISH AVE.
CITY - ST - ZIP	KEY LARGO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DV	☒ Change ☐ Addition
1.2 NAME	Sue Balazs	
1.3 STREET ADDRESS	8020 SW 138th Place	
1.4 CITY - ST - ZIP	Miami, FL 33183	
2.1 TITLE	DS	☒ Change ☐ Addition
2.2 NAME	Theresa Carlson	
2.3 STREET ADDRESS	48 Transylvania Avenue	
2.4 CITY - ST - ZIP	Key Largo, FL 33037	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(b), 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:

Mary Ellen Sample

Mary Ellen Sample, Treasurer

5-10-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #