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 # L13908 (3)

1. Corporation Name
KEY CHEMICAL & EQUIPMENT CO.

Principal Place of Business
13195 49TH ST. N. #A
CLEARWATER FL 34622

Mailing Address
13195 49TH ST. N. #A
CLEARWATER FL 34622

3. Date Incorporated or Qualified: 08/28/1989
3a. Date of Last Report: 04/14/1995
4. FEI Number: 59-2970489 [ ] 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 [X] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**
WITT, JAMES L.
300 2ND AVENUE SE, #49
ST. PETERSBURG FL 33701

10. **Name and Address of New Registered Agent**
81 Name: JAMES L. Witt
82 Street Address (P.O. Box Number is Not Acceptable): 4527 S. RENELLIE DR.
83
84 City: TAMPA FL 85 Zip Code: 33611

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: James L. Witt STD JAMES L. Witt 4/8/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	[ ] DELETE	1 TITLE	P	[ ] Change [ ] Addition
NAME	WITT, DELLIE A.		1 NAME	DELLIE A. Witt	
STREET ADDRESS	300 2ND AVENUE SE, #49		1 STREET ADDRESS	4527 S. RENELLIE DR	
CITY ST ZIP	ST. PETERSBURG FL		1 CITY ST ZIP	TAMPA, FL 33611	
TITLE	STD	[ ] DELETE	2 TITLE	STD	[ ] Change [ ] Addition
NAME	WITT, JAMES L..		2 NAME	JAMES L. WITT	
STREET ADDRESS	300 2ND AVENUE SE, #49		2 STREET ADDRESS	4527 S. RENELLIE DR.	
CITY ST ZIP	ST. PETERSBURG FL		2 CITY ST ZIP	TAMPA, FL. 33611	
TITLE		[ ] DELETE	3 TITLE		[ ] Change [ ] Addition
NAME			3 NAME		
STREET ADDRESS			3 STREET ADDRESS		
CITY ST ZIP			3 CITY ST ZIP		
TITLE		[ ] DELETE	4 TITLE		[ ] Change [ ] Addition
NAME			4 NAME		
STREET ADDRESS			4 STREET ADDRESS		
CITY ST ZIP			4 CITY ST ZIP		
TITLE		[ ] DELETE	5 TITLE		[ ] Change [ ] Addition
NAME			5 NAME		
STREET ADDRESS			5 STREET ADDRESS		
CITY ST ZIP			5 CITY ST ZIP		
TITLE		[ ] DELETE	6 TITLE		[ ] Change [ ] Addition
NAME			6 NAME		
STREET ADDRESS			6 STREET ADDRESS		
CITY ST ZIP			6 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)(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: James L. Witt JAMES L. Witt 4/8/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)