FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 12:24

DOCUMENT # L50357 (7)

1. Corporation Name
KEY CLUB LANDSCAPING, INC.

Principal Place of Business	Mailing Address
442 GULF OF MEXICO DR LONGBOAT KEY FL 34228	442 GULF OF MEXICO DR LONGBOAT KEY FL 34228

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/12/1990
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 65-0181555 ☐ 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

EAGAN, W. SHANE
3420 BAYOU SOUND
LONGBOAT KEY FL 34228

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	EAGAN, W. SHANE	12 NAME	
STREET ADDRESS	442 GULF OF MEXICO DR	13 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	14 CITY-ST-ZIP	
TITLE	VPS	21 TITLE	☐ Change ☐ Addition
NAME	RASMUSSEN, A. THOMAS	22 NAME	
STREET ADDRESS	442 GULF OF MEXICO DR	23 STREET ADDRESS	
CITY ST ZIP	LONGBOAT KEY FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SMITH, LAWRENCE R.	32 NAME	
STREET ADDRESS	442 GULF OF MEXICO DR	33 STREET ADDRESS	
CITY ST ZIP	LONGBOAT KEY FL	34 CITY ST ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	HOLMES, THOMAS R.	42 NAME	
STREET ADDRESS	442 GULF OF MEXICO DR	43 STREET ADDRESS	
CITY ST ZIP	LONGBOAT KEY FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 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 above/on an attachment with an address.

SIGNATURE: [signature] Tom Rasmussen 3/14/95 813-383-8800
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0346602 CP