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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
02/12/1990

3a. Date of Last Report
03/28/1995

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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. Thereby 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

(If Not Registered Agent Signature, please print when not filling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME EAGAN, W. SHANE
STREET ADDRESS 442 GULF OF MEXICO DR
CITY-ST-ZIP LONGBOAT KEY FL

TITLE VPS ☐ DELETE

NAME RASMUSSEN, A. THOMAS
STREET ADDRESS 442 GULF OF MEXICO DR
CITY-ST-ZIP LONGBOAT KEY FL

TITLE D ☐ DELETE

NAME SMITH, LAWRENCE R.
STREET ADDRESS 442 GULF OF MEXICO DR
CITY-ST-ZIP LONGBOAT KEY FL

TITLE TD ☐ DELETE

NAME HOLMES, THOMAS R.
STREET ADDRESS 442 GULF OF MEXICO DR
CITY-ST-ZIP LONGBOAT KEY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 607, 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

Tom RASMUSSEN

2/1/96 941-383-8800

Daytime Phone #

CR2E034 (12/95)