

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

APPROVED
AND
FILED

95 MAR 23 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L68035 (9)

1. Corporation Name

KEY CLUB REALTY, INC.

Principal Place of Business

**444 GULF OF MEXICO DR.
P.O. BOX 15000
LONGBOAT KEY FL 34228
US**

Mailing Address

**444 GULF OF MEXICO DR.
P.O. BOX 15000
LONGBOAT KEY FL 34228
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/23/1990

3a. Date of Last Report

02/22/1994

4. FEI Number

65-0193067

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

22

Zip

Country

23

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

28

Country

9. Name and Address of Current Registered Agent

**W. SHANE EAGAN
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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DS

NAME

RASMUSSEN, A. THOMAS

STREET ADDRESS

442 GULF OF MEXICO DR.

CITY-ST-ZIP

LONGBOAT KEY FL

TITLE

D

NAME

SMITH, LAURENCE R.

STREET ADDRESS

442 GULF OF MEXICO DR.

CITY-ST-ZIP

LONGBOAT KEY FL

TITLE

DP

NAME

EAGAN, W. SHANE

STREET ADDRESS

442 GULF OF MEXICO DR.

CITY-ST-ZIP

LONGBOAT KEY FL

TITLE

D

NAME

HOLMES, THOMAS R.

STREET ADDRESS

442 GULF OF MEXICO DR.

CITY-ST-ZIP

LONGBOAT KEY 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

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 if changed, or in an attachment with an address.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tom Rasmussen

3/14/95 (813) 383-8860