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 JUN 20 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M14721** **(8)**

1. Corporation Name
FLORIDA KEYS YELLOW PAGES INC.

Principal Place of Business
P.O. BOX 1460
TAVERNIER FL 33070

Mailing Address
P.O. BOX 1460
TAVERNIER FL 33070

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/30/1985
3a. Date of Last Report: 02/14/1994

2. Principal Place of Business
21 PO BOX 1099
22 Suite, Apt #, etc
23 City & State: TAVERNIER, FL
24 Zip: 33070
25 Country: USA.

2a. Mailing Address
26 PO Box 1099
27 Suite, Apt #, etc
28 City & State: TAV., FL.
29 Zip: 33070
30 Country: USA.

4. FEI Number: 59-2530570 — 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
RAMIREZ, JOE F
170 CORAL AVE
TAVERNIER FL 33070

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 title if applicable) (NOTE: Registered Agent signature required when instituting) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT	1.1 TITLE	☐ Change ☐ Addition
NAME	RAMIREZ, JOE F.	1.2 NAME	
STREET ADDRESS	170 CORAL AVE	1.3 STREET ADDRESS	300001518953
CITY ST ZIP	TAVERNIER FL	1.4 CITY ST ZIP	-06/21/95--01034--006
TITLE	VC	2.1 TITLE	****225.00 ****225.00 ☐ Change ☐ Addition
NAME	NEVINS, GARY F.	2.2 NAME	
STREET ADDRESS	14901 S.W. 67TH LN.	2.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	2.4 CITY ST ZIP	
TITLE	VS	3.1 TITLE	☐ Change ☐ Addition
NAME	PRITCHARD, EDWARD H III	3.2 NAME	
STREET ADDRESS	1579 S. GOLDENEYE LN.	3.3 STREET ADDRESS	
CITY ST ZIP	HOMESTEAD FL	3.4 CITY ST ZIP	
TITLE	DV	4.1 TITLE	☐ Change ☐ Addition
NAME	PRITCHARD, EDWARD H. III	4.2 NAME	
STREET ADDRESS	88888 OVERSEAS HWY	4.3 STREET ADDRESS	
CITY ST ZIP	PLANTATION KEY FL	4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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: VP. TRES. 5/17/95 (305) 852-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0425097 FP