

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 02 1997 8:00am  
Secretary of State

DOCUMENT # **M55952** (9)  
1. Corporation Name  
**KEYS WASTEWATER MANAGEMENT CO INC.**



Principal Place of Business  
**QUAIL ROOST TRAIL  
BAY #E  
BIG PINE KEY FL 33043  
US**

Mailing Address  
**P.O. BOX 655  
BIG PINE KEY FL 33043  
US**

3. Date Incorporated or Qualified  
**07/21/1987**

3a. Date of Last Report  
**04/17/1996**

4. FEI Number  
**59-2839311**

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.  
22 City & State  
23 Zip Country  
24

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

9. Name and Address of Current Registered Agent  
**BRADY, JAMES M., SR.  
BAYVIEW DRIVE  
BIG PINE KEY FL 33043**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--------------------------------------|---|---|
| TITLE                      | <b>PST</b>                           | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BRADY, JAMES M., SR.</b>          | 1.2 NAME  |   |
| STREET ADDRESS             | <b>BAYVIEW DR., P.O. BOX 435 N/A</b> | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>BIG PINE KEY FL</b>               | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>V</b>                             | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ROY H. PAULI</b>                  | 2.2 NAME  |   |
| STREET ADDRESS             | <b>QUAIL ROOST TR. P.O. BOX 655</b>  | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>BIG PINE KEY FL</b>               | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                                      | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 3.2 NAME  |   |
| STREET ADDRESS             |                                      | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                      | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                                      | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 4.2 NAME  |   |
| STREET ADDRESS             |                                      | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                      | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                                      | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 5.2 NAME  |   |
| STREET ADDRESS             |                                      | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                      | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                                      | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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 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: *[Signature]* **James M. Brady Sr.** 4/18/97 305 872-9869

CR2E034 (9/96)