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 MAY -1 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M92938** **(3)**

1. Corporation Name
DON KEY PROPERTIES, INC.

Principal Place of Business	Mailing Address
1836 WOODWARD STREET ORLANDO FL 32803-1295	1836 WOODWARD STREET ORLANDO FL 32803-1295

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/05/1988**
3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business
21 340 WILSHIRE BLVD.
22 Suite, Apt. #, etc.
23 City & State: CASSELBERRY, FL.
24 Zip: 32707
25 County: USA

2a. Mailing Address
26 340 WILSHIRE BLVD.
27 Suite, Apt. #, etc.
28 City & State: CASSELBERRY, FL.
29 Zip: 32707
30 County: USA

4. FEI Number: **59-2904212** ☐ 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 chargeable tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NICHOLSON, CHALMER WILLIAM III
728 POINSETTIA ST
CASSLEBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 340 WILSHIRE BLVD.
83 WILSHIRE PLAZA
84 City: CASSELBERRY FL 85 Zip Code: 32707

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	PST	11 TITLE	☑ Change ☐ Addition
NAME	NICHOLSON, CHALMER W.III	12 NAME	NICHOLSON CHALMER W. III
STREET ADDRESS	728 POINSETTIA ST	13 STREET ADDRESS	340 WILSHIRE BLVD.
CITY-ST-ZIP	CASSELBERRY FL	14 CITY-ST-ZIP	CASSELBERRY, FLORIDA 32707
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		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 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: Chalmer W. Nicholson III 4-28-95 1-407-767-6557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0054038 CP