FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

AFFIXED
FILED
95 MAR 13 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N30978 (3)

1. Corporation Name
CEDAR KEY HIGH ALUMNI 100 CLUB, INC.

Principal Place of Business	Mailing Address
C/O LLOYD STEPHENS PO BOX 541, 208 E[illegible] STREET CEDAR KEY FL 32625 32625	C/O LLOYD STEPHENS PO BOX 541, 208 E[illegible] STREET CEDAR KEY FL 32625 32625

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 03/03/1989
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2957385 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STEPHENS, LLOYD
208 E[illegible] STREET
PO BOX 541
CEDAR KEY FL 32625

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

400001429804
-037157/35--01034--004
*****61.25 *****61.25

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	D	1.1 TITLE	D ☐ Change ☐ Addition
NAME	DAY, P.H.	1.2 NAME	P.H. Day NA
STREET ADDRESS	101 GULF BLVD.,PO BX 580	1.3 STREET ADDRESS	P.O. Box 580
CITY-ST-ZIP	CEDAR KEY FL 32625	1.4 CITY-ST-ZIP	Cedar Key, FL 32625
TITLE	D	2.1 TITLE	D ☐ Change ☐ Addition
NAME	MCLEOD, GRADY	2.2 NAME	Grady McLeod NA
STREET ADDRESS	PO BOX 629	2.3 STREET ADDRESS	P.O. Box 629
CITY-ST-ZIP	CEDAR KEY FL	2.4 CITY-ST-ZIP	Cedar Key, FL 32625
TITLE	D	3.1 TITLE	D ☐ Change ☐ Addition
NAME	STEPHENS, LLOYD	3.2 NAME	Lloyd Stephens NA
STREET ADDRESS	P O BOX 541, 208 EST	3.3 STREET ADDRESS	P.O. Box 541
CITY-ST-ZIP	CEDAR KEY FL	3.4 CITY-ST-ZIP	Cedar, Key, FL 32625
TITLE	D	4.1 TITLE	D ☐ Change ☐ Addition
NAME	ALLEN, MIKE	4.2 NAME	mike Allen NA
STREET ADDRESS	201 INDIANA AVENUE	4.3 STREET ADDRESS	P.O. Box 163
CITY-ST-ZIP	CEDAR KEY FL	4.4 CITY-ST-ZIP	Cedar Key, FL 32625
TITLE	D	5.1 TITLE	D ☐ Change ☐ Addition
NAME	HODGES, FRANCES	5.2 NAME	Frances Hodges NA
STREET ADDRESS	101 FRONT STREET	5.3 STREET ADDRESS	P.O. Box 555
CITY-ST-ZIP	CEDAR KEY FL	5.4 CITY-ST-ZIP	Cedar Key, FL 32625
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

3/15/95 LLS

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lloyd Stephens Lloyd Stephens 3-27-95 542-5478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Lloyd STephens