

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

FILED

May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P93000018086**
1. Corporation Name
Key West Spice Company, Inc.

Principal Place of Business

Mailing Address

**700 Front Street
Key West, Florida
33040**

**#6 allamanda Terrace
Key West, Florida
33040**

3. Date Incorporated or Qualified

3a. Date of Last Report

3-10-97

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65 039 7169

Applied For

Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

23. Zip

Country

28. Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

24. Zip

Country

29. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Urban E. Smith
#6 allamanda Terrace
Key West Fl 33040**

81. Name

Camy Smith

82. Street Address (P.O. Box Number is Not Acceptable)

#6 allamanda Terrace

83. City

#

84. State

Key West FL

85. Zip Code

33040

11. Pursuant to the provisions of Sections 607.002 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
officer 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 and am familiar with, and accept, the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Camy J. Smith

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

President

☒ DELETE

NAME

**Urban Eugene Smith
#6 allamanda Terrace
Key West Florida 33040**

STREET ADDRESS

CITY, ST, ZIP

TITLE

V. President, Treas & Sec.

☒ DELETE

NAME

**Sue B. Smith
#6 allamanda Terrace
Key West Florida 33040**

STREET ADDRESS

CITY, ST, ZIP

TITLE

Key West Florida 33040

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

Key West Florida 33040

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

Key West Florida 33040

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

Key West Florida 33040

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

11. TITLE

President

☐ Change ☒ Addition

12. NAME

Camy J. Smith

13. STREET ADDRESS

#6 allamanda Terrace

14. CITY, ST, ZIP

Key West Florida 33040

21. TITLE

Secretary Treasurer

☐ Change ☒ Addition

22. NAME

William A. Smith

23. STREET ADDRESS

#6 allamanda Terrace

24. CITY, ST, ZIP

Key West Florida 33040

31. TITLE

☐ Change ☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

41. TITLE

☐ Change ☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY, ST, ZIP

51. TITLE

☐ Change ☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY, ST, ZIP

61. TITLE

☐ Change ☐ Addition

62. NAME

63. STREET ADDRESS

64. CITY, ST, ZIP

400002190744

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*****61.25**

14. I 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, or in the attached information with an address.

SIGNATURE:

SIGNATURE AND TYPED NAME

REGISTERED AGENT OR DIRECTOR

DATE

Daytime Phone #

May 6, 97

305-296-8721

CR2E034 (9/96)