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

PROFIT CORPORATION **ANNUAL REPORT**

Block 12 or Block 13 if changed



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

1. Corporation Name

P93000032609 (8)

KEYS LANDSCAPING MAINTENANCE & MACHINES, INC. Principal Place of Business Mailing Address 3636 DUCK AVE 3636 DUCK AVE KEY WEST FL 33040 KEY WEST FL 33040 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/03/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0416270 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PRENTICE, CHRISTOPHER W 3636 DUCK AVE Street Address (P.O. Box Number is Not Acceptable) KEY WEST FL 33040 83 64 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 Lorida. 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 little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ DELETE TITLE 1.1 TITLE Change Addition PRENTICE. CHRISTOPHER W NAME 1.2 NAME 3636 DUCK AVE STREET ADDRESS 1.3 STREET ADDRESS KEY WEST FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition MUIR, GLENN NAME 2.2 NAME 1401 5TH AVENUE WEST STREET ADDRESS 2.3 STREET ADDRESS SUMMERLAND KEY FL 33042 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 31 THUE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY ST-ZIP 3.4. CITY-ST-2(P DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE TITLE Change 5.1 11148 Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 61 TITLE Change Addition NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 supplied until 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 mister emphasizes in the execution of the corporation or the receiver or mister emphasizes.

FILED

May 11 1998 8:00am

Secretary of State