

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000052340 (5)

1. Corporation Name

THE MORTGAGE COMPANY OF THE KEYS, INC.

Principal Place of Business

**MILE MARKER 30 HIGHWAY US 1
BIG PINE KEY FL 33043**

Mailing Address

**P. O. BOX 644
BIG PINE KEY FL 33043
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/27/1993

3a. Date of Last Report
05/10/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0429096

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

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

**BLACKBURN, JOSEPH A JR
RT 6 BOX 171-G
SUMMERLAND KEY FL 33042**

81 Name

SAVE

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

20761 2ND AVE. W.

83

84 City

CUDJOE KEY

FL

85 Zip Code

33042

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

BLACKBURN, JOSEPH A JR.

STREET ADDRESS

RT. 6 BOX 171-G

CITY - ST - ZIP

SUMMERLAND KEY FL

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

20761 2ND AVE. W.

1.4 CITY - ST - ZIP

CUDJOE KEY, FL 33042

TITLE

ST

NAME

BLACKBURN, DIANE H

STREET ADDRESS

RT 6 BOX 171G

CITY - ST - ZIP

SUMMERLAND KEY FL

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

20761 2ND AVE. W.

2.4 CITY - ST - ZIP

CUDJOE KEY, FL 33042

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

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 110.07(3)(k), 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:

JOSEPH A. BLACKBURN JR.

4-25-95

3058724275