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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Apr 15 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P93000052340 (5)

THE MORTGAGE COMPANY OF THE KEYS, INC.

Principal Place	of Business	Mailing Address			
3708-F N ROOSEVELT BLVD KEY W FL 33040		3706-F N ROOSEVELT BLVD KEY W FL 33040		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				07/27/1993	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Cuito Apri	# ata	26 Cuito Act # ata	<del></del>	65-0429096	Not Applicable
Suite, Apt.	FF, BLC.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		5 Starting Operation Starts and a	
23	•	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curren	t Registered Agent		10. Name and Address of New Register	ed Agent
BLACKBURN, JOSEPH A. JR.			81 Name		
20761 2ND AVE. W.			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
CUDJOE KEY FL 33042			565.7.164	Coo (i.e. Box ytamps in that i beeplaste)	
			83		
			84 City		85 Zip Code
					<b></b>
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 Agrida. Such change was authorized by the corporation's heard of directors. I hereby accept the appointment as registered					
office or registered agent, or both, in the State of Jorda. 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	Jan 1. 11	and/_1	fl.	E910EN1 4-9-9	8
	Signalus, is fod or printed name of registered age OFFICERS AN		Registered Agent signature requir		<del></del>
12.	P	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	BLACKBURN, JOSEPH A JF		1.2 NAME		
STREET ADDRESS	20761 2ND AVE. W.	<b>"</b>	1.3 STREET ADDRESS		
CITY-ST-ZIP	CUDJOE KEY FL		1.4 CITY-ST-ZIP		
TITLE	ST	DELETE	2.1 TITLE		Change Addition
NAME	BLACKBURN, DIANE H		2.2 NAME		
STREET ADDRESS	20761 2ND AVE. W.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CUDJOE KEY FL		2.4 CITY-ST-ZIP		
TITLE	<del></del>	DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETÉ	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Delete	4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY+ST-ZIP		Change Addition
TITLE		☐ peccit	6.1 TITLE		C Onange C Audition
NAME STREET ADDRESS			6.2 NAME		}
			6.3 STREET ADDRESS		
14. I hereby co	ertify that the information supplied w	In this filing does not qualify fo	r the exemption stated in	Section 119.07(3)(i), Florida Statutes, I further	certify that the information
14. Thereby 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 if changed, or on an attachment with an oddress.					