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PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

TITLE

STREET ADDRESS

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS FILED

Apr 29 1998 8:00am

Secretary of State

Change

4-22-18

Addition

**DOCUMENT #** 

P93000054561 (4)

Mailing Address

FOUNDRY CORPORATION OF KEY WEST, INC.

113 FRONT ST. P.O. BOX 344 SUITE 205 KEY WEST FL 33041 DO NOT WRITE IN THIS SPACE KEY WEST FL 33040 3. Date Incorporated or Qualified 08/02/1993 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0428015 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zιo Country Zip 8. This corporation owes or has paid the current year Intangible Yes Yes Personal Property Tax due June 30. 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name BEHMKE, JOHN J 105 FRONT ST SUITE 319 Street Address (P.O. Box Number is Not Acceptable) SUITE 205 83 KEY WEST FL 33040 84 City Zip Code 85 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, typiod or prioted name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ DELETE Change 1.1 TITLE TITLE BEHMKE, JOHN NAME 1.2 NAME 105 FRONT ST SUITE 319 STREET ADDRESS 1.3 STREET ADDRESS KEY WEST FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition 21 TITLE TITLE 22 NAME NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADORESS CITY-ST-ZIF 3.4. CITY-ST-ZIP Change Addition ☐ DELETE TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-7/F

> 6.1 TITLE 6.2 NAME **6.3 STREET ADORESS**

64 CITY-ST-ZIP 14. Hereby cortify 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 13 if changed, or on an attachment with an address.

DELETE