

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000056862 (4)

1. Corporation Name

KEY WEST MARINE, INC.



Principal Place of Business

Mailing Address

1909 1/2 49TH ST.  
SUITE 14  
GULFPORT FL 33707  
US

1325 59TH ST. SO  
GULFPORT FL 33707

3. Date Incorporated or Qualified  
08/09/1993

3a. Date of Last Report  
09/15/1995

2. Principal Place of Business

2a. Mailing Address

21 4932 Tangerine Ave. S.

26 4932 Tangerine Ave. South

4. FEI Number  
59-3199094

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

City & State

23 Gulfport FL

28 Gulfport FL

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 33707

25 USA

29 33707

30 USA

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

COFFEY, ERIC A  
1325 59TH ST., SO.  
GULFPORT FL 33707

81 Name

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

83

84 City

FL

85 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 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 re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

11 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
COFFEY, ERIC A.  
1325 59TH ST., SO.  
GULFPORT FL

12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

TITLE ☐ DELETE

21 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

TITLE ☐ DELETE

31 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

TITLE ☐ DELETE

41 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

TITLE ☐ DELETE

51 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

62 NAME  
63 STREET ADDRESS  
64 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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eric A. Coffey

8-1-96

(813) 323-0466

Day

Daytime Phone #

CR2E034 (3/96)