SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUL -6 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000070953 (3)**

1. Corporation Name

NUT HOUSE CORPORATION OF KEY WEST, 1993

Principal Place of Business	Mailing Address
BOX 662, ROUTE 2 SUMMERLAND KEY FL 33042	BOX 662, ROUTE 2 SUMMERLAND KEY FL 33042

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/07/1993**
3a. Date of Last Report: **04/07/1994**

2. Principal Place of Business	2a. Mailing Address
21 717 OVERSEAS Hwy	26 717 OVERSEAS Hwy
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 KEY WEST, FLA	City & State 28 KEY WEST, FLA
Zip 24 33040 County 25 MONROE	Zip 29 33040 County 30 MONROE

4. FEI Number: **65-0442082** — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. [illegible] ☐ **$5.00** May Be Added to Fees

7. This corporation has been designated as [illegible] Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SINCLAIR, FINDLAY
~~BOX 662, ROUTE 2~~ 12 BAY DRIVE
~~SUMMERLAND KEY FL 33042~~ KEY WEST, FLA 33040

10. Name and Address of New Registered Agent

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 [illegible] DATE

12. OFFICERS AND DIRECTORS		13. [illegible]
TITLE	D	1.1 TITLE
NAME	LABRIOLA, ANN L	1.2 NAME
STREET ADDRESS	~~BOX 662, ROUTE 2~~ 12 BAY DRIVE	1.3 STREET ADDRESS
CITY-ST-ZIP	~~SUMMERLAND KEY FL 33042~~ KEY WEST FLA 33040	1.4 CITY-ST-ZIP
TITLE		2.1 TITLE
NAME		2.2 NAME
STREET ADDRESS		2.3 STREET ADDRESS
CITY-ST-ZIP		2.4 CITY-ST-ZIP
TITLE		3.1 TITLE
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE		4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is [illegible] 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 of changed, or added, above with an address.

SIGNATURE: Ann Lorraine Labriola — June 28/95 — 305 292-8688

SIGNATURE AND TYPED OR PRINTED NAME OF ACKING OFFICER OR DIRECTOR — Date — Daytime Phone #

ANN LORRAINE LABRIOLA

CR2E034 (3/95)

0031/16 CP