

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Walker
Secretary of State
Tallahassee, FL 32399-0400

APPROVED
AND
FILED

MAY 12 1995 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000072439 (1)

1. Corporation Name

KEY ORION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/18/1993	3a. Date of Last Report 06/15/1994
4. FEI Number 65-0445598	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☐ No	

2. Principal Place of Business 21. State Apt. # etc. 22. City & State 23. ZIP 24. Country	2a. Mailing Address 25. State Apt. # etc. 26. City & State 27. ZIP 28. Country
---	--

9. Name and Address of Current Registered Agent PARRY, THOMAS R. 800 LAUREL OAK DR. SUITE 400 NAPLES FL 33963-2738
--

10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. City 84. State 85. Zip Code

11. Pursuant to the provisions of Sections 607.0902 and 607.1504, 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 607.0905, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	P SMELA, RAYMOND H. 1001 NORTH BARFIELD DRIVE MARCO ISLAND FL	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	S BENNETT, DAVID C. 1001 NORTH BARFIELD DRIVE MARCO ISLAND FL	5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	TD PERKINS, JOHN H. 986 FLART STREET MISSISSAUGA ON	9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY, ST, ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 111.02(4)(b), 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 personally by me as 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: David C. Bennett (DAVID C. BENNETT) 010945 813-344-8881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR