

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 19 AM 1:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000086781 (0)

1. Corporation Name

GOLDKEY ASSOCIATED, INC.

Principal Place of Business

232 5TH AVE.  
INDIALANTIC FL 32803

Mailing Address

232 5TH AVE.  
INDIALANTIC FL 32803

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/20/1993

3a. Date of Last Report

03/03/1994

4. FEI Number

59-3218408

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. 199.002,  
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 1445 COX RD.

2a. Mailing Address

26 1445 COX RD.

Suite, Apt. #, etc.

22 # 2

Suite, Apt. #, etc.

27 SAME

City & State

23 COCOA FL

City & State

28 SAME

Zip

24 32923

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

MOSLEY, CURTIS R  
1221 E. NEW HAVEN AVE.  
MELBOURNE FL 32901

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME BOUDREAU, CHARLES  
STREET ADDRESS 232 5TH AVE.  
CITY - ST - ZIP INDIALANTIC FL 32803

TITLE D  
NAME BOUDREAU, JANE E  
STREET ADDRESS 232 5TH AVE.  
CITY - ST - ZIP INDIALANTIC FL 32803

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 1445 COX RD  
1.4 CITY - ST - ZIP COCOA FL 32923

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 1445 COX RD  
2.4 CITY - ST - ZIP COCOA FL 32923

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE:

CHARLES BOUDREAU  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

CHARLES BOUDREAU

DATE

4-14-95

4012532059