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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT # 1. Corporation Name

P93000086806 (5)

KEYS DIESEL REPAIR, INC.

| Principal Flace of Business Mailing Address 2188 OVERSEAS HWY P O BOX 430505 MARATHON FL 33050 BIG PINE KEY FL 33043-0505 US | | | | | | | | | | | |
|--|---|---|--|----------------|---------------|--|---|------------|-----------------------------------|---|--|
| 00 | | | | | | 3. | Date Incorporated or Qualif | ed 3a. | Date of Last 04/26/ | Report 1995 | |
| 21 | lace of Business | 2a. Mailing Ad 26 | 2a. Mailing Address 26 | | | | 4. FEI Number Applied For 65-0458587 Applied For Not Applied | | | | |
| Suite, Apt. 22 City & Stat | | 27 | | | | 5. | Certificate of Status Desired | | \$8.75 Additional Fee Required | | |
| 23 Zip | Country | City & State 28 | 8 | | | | Election Campaign Financin Trust Fund Contribution | | Added to Fees | | |
| 24 | 25 9. Name and Address of Curi | 30 | Country 30 | | | 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes 10. Name and Address of New Registered Agent | | | | | |
| | | - Table | | 81 | Nam | | Name and Address of Ne | w Registe | red Agent | | |
| | nman, franklin d Overseas hwy | | | 82 | Stree | at Address (P.C | D. Box Number is Not Accer | stable) | | | |
| SUITE | | | | | 00.00 | A riddibas (i.e. | 2. COX NOTICE IS NOT ACCE | ласку | | | |
| | THON FL 33050 | | | 63 | | | | | | | |
| | | · | | 84 | City | | \$\$11\$\text{9}\\ 100 \text{10}\ | | 85 7 | ip Code | |
| 11. Pursuant t or register familiar wil | to the provisions of Sections 607.05 ed agent, or both, in the State of Fix th, and accept the obligations of, Sc | 02 and 607.1508, Flori orida. Such change was orion 607.0505, Florida | da Statutes, the abo authorized by the c Statutes. | ve-n orpo | amed oration! | corporation sul 's board of dire | bmits this statement for the accept the a | *** | changing its t as registered | registered office d agent. Lam | |
| SIGNATURE . | | | | | | | | | | | |
| 12. | Signature typed or printed name of registered ag- OF FICERS A | mr and title Lapphrable ND DIRECTORS | | Agent | signatura | a required when rein | | DA1 | | | |
| FITLE | 0 | DE | LETE 1.1TI | 1 TITLE | | | ODITIONS/CHANGES TO C | OFFICERS / | AND DIRECTO | *************************************** | |
| NAME | MCKAY, HAROLD P | | 1 2 NA | | | | | | - Cuantie | Addition | |
| STREET ADDRESS | 120 BARBUDA LN RAMROD KEY FL 33042 | | 1.3 \$10 | REFT | ADDRESS | ; | | | | | |
| CITY-ST-ZIP TITLE | TOMINOU NET LE 33042 | | 1.4 C() | Y-SI | · 7 P | | | | | | |
| NAME | | DEI | 1 | 2. 1 1111.6 | | | / | | ☐ Change | ☐ Addition | |
| STREET ADDRESS | | | 1 22 NA | | | | | | | | |
| CITY-ST-ZIP | | | | | ADDRESS | | | | | | |
| TIFLE | | [] DEI | 2.4 CIT .ETE 3.1 TIT | *** | - I P | | | | F-1 A: | | |
| NAME | | E27 | 3.2 NAI | | | | | | Change | Addition | |
| STREET ADDRESS | | | | | ADDRESS | : | | | | | |
| CITY-ST-2F | | | 3.4.0/1 | | | | 7000017 04/17/960 **** | '893 | 997 | 1 | |
| THILE | | [] DEL | | | | T | | 1018 | Oh 4 bance | — ☐ Addition | |
| NAME | | | 4.2 NAM | Æ | | | ***200.00 | | | | |
| STREET ADDRESS | | | 4 3 STR | EET A | DDRESS | | | | | | |
| CITY-ST-7IP | ************************************** | | 4.4 C(T) | (-SI- | 71F | | | | | | |
| Title | | DEL | 5. 1 T/II | L E | | | ** ** 1 | | Change | Addition | |
| NAME Locality | | | 5 2 NAN | 1E. | | | | | | | |
| STREET ADDRESS | | | 53 STR | ETA | DOHESS | | | | | | |
| CITY-ST-ZIF | | P ⁻¹ Arr | 54 City | | 7IP | | | | | | |
| NAME | | [] DEL | | | | 1 | | | Change | Addition | |
| STREET ADDRESS | | | 6.2 NAV | | | | | | | | |
| CHY-SI-7IP | | | 6.3 STAI | | | 1 | | | | | |
| | certify that the information supplied | with this filing is volunte | 64 CHY Brily furnished and do | - ST- | ZIP DOLOUS | Lalify for the eye | montion stated to Continue | 0.07(0)(4) | | | |

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 appears in Block 12 or Block 13 if change), or groun attachment with an address.

SIGNATURE:

of or trusted empowered to execute this report that address.

PLGS

HAROLD P, MEKAY

MINO OFFICER OR DIRECTOR

305-872-2722 Daytime Phone I