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Mar 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000086806 (5)

1. Corporation Name

KEYS DIESEL REPAIR, INC.



Principal Place of Business

2188 OVERSEAS HWY
MARATHON FL 33050
US

Mailing Address

P O BOX 430505
BIG PINE KEY FL 33043-0505
US

2. Principal Place of Business

2a. Mailing Address

21 700 39TH ST
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 MARATHON FL

28 City & State

24 Zip 33050 Country

29 Zip Country

25 MONROE

30 Country

9. Name and Address of Current Registered Agent

GREENMAN, FRANKLIN D
5800 OVERSEAS HWY
SUITE 40
MARATHON FL 33050

3. Date Incorporated or Qualified
12/15/1993

3a. Date of Last Report
04/16/1996

4. FEI Number
65-0458587

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

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

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE D
2. NAME MCKAY, HAROLD P
3. STREET ADDRESS 120 BARBUDA LN
4. CITY - ST - ZIP RAMROD KEY FL 33042

11. TITLE PD
12. NAME MCKAY, HAROLD P
13. STREET ADDRESS 27324 BARBUDA LN
14. CITY - ST - ZIP RAMROD KEY FL 33042

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY - ST - ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY - ST - ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY - ST - ZIP

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY - ST - ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY - ST - ZIP

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY - ST - ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY - ST - ZIP

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY - ST - ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY - ST - ZIP

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY - ST - ZIP

25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY - ST - ZIP

71. TITLE
72. NAME
73. STREET ADDRESS
74. CITY - ST - ZIP

29. TITLE
30. NAME
31. STREET ADDRESS
32. CITY - ST - ZIP

81. TITLE
82. NAME
83. STREET ADDRESS
84. CITY - ST - ZIP

33. TITLE
34. NAME
35. STREET ADDRESS
36. CITY - ST - ZIP

91. TITLE
92. NAME
93. STREET ADDRESS
94. CITY - ST - ZIP

37. TITLE
38. NAME
39. STREET ADDRESS
40. CITY - ST - ZIP

101. TITLE
102. NAME
103. STREET ADDRESS
104. CITY - ST - ZIP

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY - ST - ZIP

111. TITLE
112. NAME
113. STREET ADDRESS
114. CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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; the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 of this report, or on an attachment with an address.

SIGNATURE:

HAROLD P. MCKAY

3-19-97

305-872-2722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0159606

CR2E034 (9/96)