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Mar 25 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 # P93000087942 (7)

1. Corporation Name

KEY COMPUTER SERVICE, INC.



Principal Place of Business

1608 MONMOUTH LANE
KEY LARGO FL 33037

Mailing Address

P.O. BOX 1403
KEY LARGO FL 33037-1403

3. Date Incorporated or Qualified
12/17/1993

3a. Date of Last Report
04/09/1996

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

65-0465765

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

9. Name and Address of Current Registered Agent

MELLON, JOHN J
1608 MONMOUTH LN
KEY LARGO FL 33037

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 line for the registered agent and the corporation's secretary, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1	P	☐ DELETE
NAME	MELLON, JOHN J	
STREET ADDRESS	1608 MONMOUTH LA	
CITY-STATE-ZIP	KEY LARGO FL	
12.2		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
12.3		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
12.4		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
12.5		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	1.1 TITLE	☐ Change ☐ Addition
13.2	1.2 NAME	
13.3	1.3 STREET ADDRESS	
13.4	1.4 CITY-STATE-ZIP	
2.1	2.1 TITLE	☐ Change ☐ Addition
2.2	2.2 NAME	
2.3	2.3 STREET ADDRESS	
2.4	2.4 CITY-STATE-ZIP	
3.1	3.1 TITLE	☐ Change ☐ Addition
3.2	3.2 NAME	
3.3	3.3 STREET ADDRESS	
3.4	3.4 CITY-STATE-ZIP	
4.1	4.1 TITLE	☐ Change ☐ Addition
4.2	4.2 NAME	
4.3	4.3 STREET ADDRESS	
4.4	4.4 CITY-STATE-ZIP	
5.1	5.1 TITLE	☐ Change ☐ Addition
5.2	5.2 NAME	
5.3	5.3 STREET ADDRESS	
5.4	5.4 CITY-STATE-ZIP	
6.1	6.1 TITLE	☐ Change ☐ Addition
6.2	6.2 NAME	
6.3	6.3 STREET ADDRESS	
6.4	6.4 CITY-STATE-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 stated 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 attachment with an address.

SIGNATURE:

John J. Mellon JOHN J. MELLON

3/20/97

305-451-1913

Cube

Daytime Phone #

CR2E034 (9/96)