FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000012930 (1)**

1. Corporation Name

FLORIDA KEYS INSURANCE, INC.

Principal Place of Business	Mailing Address
513 WHITEHEAD STREET - SIDE KEY WEST FL 33040	513 WHITEHEAD STREET - SIDE KEY WEST FL 33040

2. Principal Place of Business	2a. Mailing Address
21 605 United St.	26 605 United St.
Suite, Apt. #, etc.: 22 A	Suite, Apt. #, etc.: 27 A
City & State: 23 Key West, FL	City & State: 28 Key West, FL
Zip: 24 33040 Country: 25 USA	Zip: 29 33040 Country: 30 USA

3. Date Incorporated or Qualified: **02/14/1994**

3a. Date of Last Report: **06/21/1995**

4. FEI Number: **650583647** ☐ 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

BARNES, MICHAEL R P.A.
513 WHITEHEAD STREET
KEY WEST FL 33040

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 _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when restoring.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE	VDS	☐ Change ☒ Addition
NAME	WRAY, PETER G		1.2 NAME	Weber, Eric	
STREET ADDRESS	513 WHITEHEAD ST. - SIDE		1.3 STREET ADDRESS	1505 Laird St	
CITY-ST-ZIP	KEY WEST FL 33040		1.4 CITY-ST-ZIP	Key West, FL 33040	
TITLE	CHVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KRAMER, ROBERT		2.2 NAME		
STREET ADDRESS	615 ELIZABETH ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL 33040		2.4 CITY-ST-ZIP		
TITLE	VPS	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ECHOLS, TERRY		3.2 NAME		
STREET ADDRESS	1600 BERTHA ST., #4		3.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL 33040		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

5/1/96

200.00 DCP

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 attachment with an address.

SIGNATURE: Peter G. Wray - President 4/26/96 305-293-7872

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Peter G. Wray

CR2E034 (12/95)