

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 # P94000026868 (7)

1. Corporation Name

KEYWAY CONSULTING, INC.



Principal Place of Business

521 RUTH CIRCLE
WEST MELBOURNE FL 32904

Mailing Address

521 RUTH CIRCLE
WEST MELBOURNE FL 32904

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

ELEY, EDMON L
111 SOUTH SCOTT ST.
MELBORNE FL 32901

3. Date Incorporated or Qualified

04/06/1994

3a. Date of Last Report

04/18/1995

4. FEI Number

59-3239716

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

Signature, dated and printed name of the registered agent, if the registered agent is an individual.

Signature, dated and printed name of the registered agent, if the registered agent is a corporation.

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

PYLES, DONITA J

STREET ADDRESS

521 RUTH CIRCLE

CITY-STATE-ZIP

WEST MELBOURNE FL 32904

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

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CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-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 199.03(6), 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 or power of attorney 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donita J. Pyles
DONITA J. PYLES

March 20, 1996 (407) 951-4980

CR2E034 (12/95)