FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:29

DOCUMENT # P94000032573 (5)

1. Corporation Name

KEYNOTE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
33 W KALEY ST ORLANDO FL 32806	33 W KALEY ST ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1994	3a. Date of Last Report: N/A
4. FEI Number: 59-2328623	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: XX	$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 XX No	

2. Principal Place of Business	2a. Mailing Address
21 11224 ASTRONAUT BLVD.	26 P.O. BOX 450395
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23 ORLANDO, FLORIDA	City & State 28 KISSIMMEE, FLORIDA
Zip 24 32837 — County 25 ORANGE	Zip 29 32745 — County 30 OSCEOLA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GILLOOLY, TIM F 33 W. KALEY ST. ORLANDO FL 32806	81 Name: TIM J. GILLOOLY 82 Street Address (P.O. Box Number is Not Acceptable): 11224 ASTRONAUT BLVD. 83 84 City: ORLANDO FL 85 Zip Code: 32837

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP ☒ Change ☐ Addition
NAME	GILLOLLY, TIMOTHY J	1.2 NAME	TIMOTHY J. GILLOOLY
STREET ADDRESS	2531 CHRISTINE DR	1.3 STREET ADDRESS	2961 SUN POINT COURT
CITY ST ZIP	KISSIMMEE FL 34744	1.4 CITY ST ZIP	KISSIMMEE, FLORIDA 34741
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST 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 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: [signature] 3/17/95 407-850-3486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
TIMOTHY GILLOOLY

0066970 CP