

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P94000036051 (8)**

1. Corporation Name

**KEY WEST KITCHENS, INC.**

Principal Place of Business

**6445 S. OLD FLORAL CITY ROAD  
FLORAL CITY FL 32536**

Mailing Address

**6445 S. OLD FLORAL CITY ROAD  
FLORAL CITY FL 32536**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**2a. Mailing Address**

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

**28** Zip

Country

Country

9. Name and Address of Current Registered Agent

**HOGLUND, JOHN  
6445 S. OLD FLORAL CITY ROAD  
FLORAL CITY FL 32536**

3. Date Incorporated or Qualified

**05/09/1994**

3a. Date of Last Report

**06/21/1995**

4. FEI Number

**59-3250055**

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

7. 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 typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature is required when requesting

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1. TITLE</b>	<b>P</b>	<input type="checkbox"/> <b>DELETE</b>	<b>1.1 TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>HOGLUND, JOHN</b>		<b>1.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>6445 S. OLD FLORAL CITY ROAD</b>		<b>1.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>FLORAL CITY FL</b>		<b>1.4 CITY-ST-ZIP</b>	
<b>1. TITLE</b>	<b>D</b>	<input type="checkbox"/> <b>DELETE</b>	<b>2.1 TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>STAFFORD, FRANK E JR.</b>		<b>2.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>7220 S.W. 19TH AVENUE</b>		<b>2.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>OCALA FL 34476</b>		<b>2.4 CITY-ST-ZIP</b>	
<b>1. TITLE</b>	<b>ST</b>	<input type="checkbox"/> <b>DELETE</b>	<b>3.1 TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>HOGLUND, DAN</b>		<b>3.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>127 MOCKINGBIRD LANE</b>		<b>3.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>OAKRIDGE TN</b>		<b>3.4 CITY-ST-ZIP</b>	
<b>1. TITLE</b>		<input type="checkbox"/> <b>DELETE</b>	<b>4.1 TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>			<b>4.2 NAME</b>	
<b>STREET ADDRESS</b>			<b>4.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>			<b>4.4 CITY-ST-ZIP</b>	
<b>1. TITLE</b>		<input type="checkbox"/> <b>DELETE</b>	<b>5.1 TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>			<b>5.2 NAME</b>	
<b>STREET ADDRESS</b>			<b>5.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>			<b>5.4 CITY-ST-ZIP</b>	
<b>1. TITLE</b>		<input type="checkbox"/> <b>DELETE</b>	<b>6.1 TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>			<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>			<b>6.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>			<b>6.4 CITY-ST-ZIP</b>	

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:** *John H. Hoglund*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/23/96* *352 4376919*

CR2E034 (12/95)