

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:35

DOCUMENT # P94000058615 (3)

1. Corporation Name

KEY LINE DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

2905 GIVERNY CIRCLE
TALLAHASSEE FL 32308

2905 GIVERNY CIRCLE
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

08/09/1994

2. Principal Place of Business

2a. Mailing Address

21 635 Birkdale Circle E.

26 635 Birkdale Circle E.

4. FEI Number

Applied For

59-3263158

Not Applicable

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23. City & State

28. City & State

Niceville, Fla.

Niceville, Fla.

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24. Zip

25. Country

29. Zip

30. Country

32578

32578

6. This corporation has liability for intangible tax under § 199.002,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHROEDER, R V
2905 GIVERNY CIRCLE
TALLAHASSEE FL 32308

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

635 Birkdale Circle E.

83.

84. City
Niceville

FL

85. Zip Code
32578

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

R. V. Schroeder

4/25/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	SCHROEDER, R V
STREET ADDRESS	2905 GIVERNY CIRCLE
CITY, ST, ZIP	TALLAHASSEE FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	R. V. Schroeder	
1.3 STREET ADDRESS	635 Birkdale Circle E.	
1.4 CITY, ST, ZIP	Niceville, Fla. 32578	
2.1 TITLE	VP	☐ Change ☒ Addition
2.2 NAME	Lyman S. Miller, Jr.	
2.3 STREET ADDRESS	6724 Kawi King Trail	
2.4 CITY, ST, ZIP	Tallahassee, Fla.	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(b), 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:

R. V. Schroeder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 (904) 897-1449