

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 # P94000076882 (7)

1. Corporation Name

KEY WEST UTILITIES CORPORATION



Principal Place of Business

TRUMAN ANNEX BLDG 21
KEY WEST FL 33041

Mailing Address

P.O. BOX 4132
KEY WEST FL 33041

3. Date Incorporated or Qualified
10/14/1994

3a. Date of Last Report
05/01/1995

4. FEI Number

65-0536438

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

2. Principal Place of Business

2a. Mailing Address

21 6450 E. Jr. College Rd.

26 PO Box 5886

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Key West, FL 33040

28 Key West, FL 33041

24 Zip Country

29 Zip Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLISON, JOHN R III
100 SE 2 ST
SUITE 3350
MIAMI FL 33131

81 Name

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

200001798372
-04/29/96--01038--032

84 City

***200.00

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 of person or persons filing this report (if not a corporation)

Signature of Registered Agent (sign and print when receiving)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P		
NAME	LONDON, A ELAINE		R
STREET ADDRESS	P O BOX 4132		
CITY- ST- ZIP	KEY WEST FL		
TITLE	VPTD	☐ DELETE	
NAME	BEHMKE, JOHN		
STREET ADDRESS	P O BOX 4132		
CITY- ST- ZIP	KEY WEST FL		
TITLE	VPAS	☐ DELETE	
NAME	ALLISON, JOHN R III		
STREET ADDRESS	P O BOX 4132		
CITY- ST- ZIP	KEY WEST FL		
TITLE	S	☐ DELETE	
NAME	CREATH, JAQUELINE E		
STREET ADDRESS	P O BOX 4132		
CITY- ST- ZIP	KEY WEST FL		
TITLE	D	☐ DELETE	
NAME	JOHNSTON, ANN E		
STREET ADDRESS	P O BOX 4132		
CITY- ST- ZIP	KEY WEST FL		
TITLE		☐ DELETE	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☐ Change ☐ Addition
1.2 NAME	London, A. Elaine	
1.3 STREET ADDRESS	6450 E. Jr. College Road	
1.4 CITY- ST- ZIP	Key West, FL 33040	☐ Change ☐ Addition
2.1 TITLE	VPTD	☐ Change ☐ Addition
2.2 NAME	Behmke, John	
2.3 STREET ADDRESS	6450 E. Jr. College R.	
2.4 CITY- ST- ZIP	Key West, FL 33040	☐ Change ☐ Addition
3.1 TITLE	VPAS	☐ Change ☐ Addition
3.2 NAME	Allison, John R III	
3.3 STREET ADDRESS	6450 E. Jr. College Rd.	
3.4 CITY- ST- ZIP	Key West, FL 33040	☐ Change ☐ Addition
4.1 TITLE	S	☐ Change ☐ Addition
4.2 NAME	Creath, Jacqueline E.	
4.3 STREET ADDRESS	6450 E. Jr. College Rd.	
4.4 CITY- ST- ZIP	Key West, FL 33040	☐ Change ☐ Addition
5.1 TITLE	D	☐ Change ☐ Addition
5.2 NAME	Johnston, Ann E.	
5.3 STREET ADDRESS	6450 E. Jr. College Rd.	
5.4 CITY- ST- ZIP	Key West, FL 33040	☐ Change ☐ Addition
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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jaqueline E. Creath, Secretary
JAQUELINE E. CREATH

4/23/96

305 296-5601
SG-427-96

CR2E034 (12/95)