

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 # P94000078807 (2)

1. Corporation Name

RISKEY, INC.



Principal Place of Business

1115 E LIVINGSTON ST
ORLANDO FL 32803

Mailing Address

1115 E LIVINGSTON ST
ORLANDO FL 32803

2. Principal Place of Business

21 106003 Overseas Hwy

Suite, Apt. #, etc.

22 City & State
Key Largo FL

24 Zip Country
33037 USA

2a. Mailing Address

26 PO Box 4429

Suite, Apt. #, etc.

27 City & State
Winter Park FL

29 Zip Country
32793 USA

3. Date Incorporated or Qualified
10/24/1994

3a. Date of Last Report
04/20/1995

4. FEI Number
-58-2146430-65-0530411

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

9. Name and Address of Current Registered Agent

WILLIAM N. LEARY
1100 PALMER AVENUE
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name Jon C. Peterson

82 Street Address (P.O. Box Number is Not Acceptable)
106003 Overseas Highway

83

84 City Key Largo FL 85 Zip Code 33037

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

Jon C. Peterson, President 3-8-96

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME PETERSON, JON C
STREET ADDRESS 1115 E LIVINGSTON ST
CITY-ST-ZIP ORLANDO FL 32803 ☐ DELETE

TITLE V
NAME MCDANIEL, NANCY P
STREET ADDRESS 14465 VISTA DEL LAGO BLVD
CITY-ST-ZIP WINTER GARDEN FL 34787 ☐ DELETE

TITLE ST
NAME LEARY, WILLIAM N
STREET ADDRESS 1115 E LIVINGSTON ST
CITY-ST-ZIP ORLANDO FL 32803 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE OK ☒ Change ☐ Addition
1.2 NAME OK
1.3 STREET ADDRESS 106003 Overseas Hwy
1.4 CITY-ST-ZIP Key Largo FL 33037 ☒ Change ☐ Addition

2.1 TITLE OK ☒ Change ☐ Addition
2.2 NAME OK
2.3 STREET ADDRESS 106003 Overseas Hwy
2.4 CITY-ST-ZIP Key Largo FL 33037 ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ 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, removed, or appointment withdrawn address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-8-96 407 894 2515

CR2E034 (12/95)