

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUL 23 AM 8:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000007053 (8)

Corporation Name
MICKEY'S LOCK & KEY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1425 E HOLLAND AVENUE
TAMPA FL 33162

Mailing Address
1425 E HOLLAND AVENUE
TAMPA FL 33162

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/18/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3287705

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HAROLD R. STEVENSON
1425 E HOLLAND AVE
TAMPA FL 33612

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 required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME STEVENSON, HAROLD R
STREET ADDRESS 1425 E HOLLAND AVENUE
CITY-ST-ZIP TAMPA FL 33612

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] DATE: 7-21-97 812-6754691

CR2E034 (4/97)

2-2

To Whom.

9-21-97

I NEVER RECEIVED THE FIRST NOTICE
ON THE CORPORATION ANNUAL REPORT. I'VE LIVED
HERE AT THIS ADDRESS APPROX 2-3 YEARS
AND HAVE HAD PROBLEMS IN THE PAST WITH
MAIL SUCH AS CREDIT CARD MAIL & OTHER
OFFICIAL LOOKING DOCUMENTS.

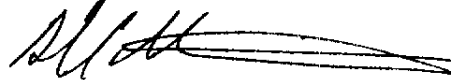
I'VE CONTACTED THE POSTAL INSPECTOR
IN THE AREA (813-281-5200) AND THEY
HAVE BEEN OUT TO TALK TO ME ABOUT THIS.

NOW WHEN I MAIL PAYMENTS OUT, I
MAIL THEM FROM THE POST OFFICE OR A
COMMERCIAL BOX.

I WOULD APPRECIATE YOUR CONSIDERATION
IN THIS MATTER.

Sincerely

HAROLD STEVENSON



Mickley's Lock & Key
1425 E. HOLLAND AVE.
Tampa, FL.
33612