

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 # P95000022433 (3)

1. Corporation Name

KEY WEST WRECKERS L & L, INC.



Principal Place of Business

732 PASSOVER LANE  
KEY WEST FL 33040

Mailing Address

732 PASSOVER LANE  
KEY WEST FL 33040

3. Date Incorporated or Qualified

03/17/1995

3a. Date of Last Report

N/A

4. FEI Number

☒ 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

21 813 Simonton St

26 813 Simonton St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Key West FL

28 Key West

Zip Country

Zip Country

24 33040

29 33040

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ECKSTEIN, ALAN  
1407 LEON STREET  
KEY WEST FL 33040

81 Name Michael A. Jones

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

83 813 Simonton St.

84 City Key West

FL 85 Zip Code

33040

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 607.0509, Florida Statutes.

SIGNATURE

Michael A. Jones

5-9-96

Signature typed or printed name of registered agent (not for signature)

(If the Registered Agent signature is typed, print name and date)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

D  
JONES, MICHAEL A  
732 PASSOVER LANE  
KEY WEST FL 33040

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

DV

Jones, Michael A.

813 Simonton St.

Key West, Fla. 33040

P

John Passow

1309 Truman St # 4

Key West, Fla. 33040

T

Gary Gothern

2521 Fagan Rd

Key West, Fla. 33040

S

John Adams

1414 Newton St.

Key West, Fla. 33040

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\*\*\*200.00

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: Michael A. Jones 4/27/96 306-296-3338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

City/State/Phone

CR2E034 (12/95)