

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 # P95000075636 (7)

1. Corporation Name

TL KEYS CONSTRUCTION CORPORATION



Principal Place of Business

25811 JOHN SILVER LANE
CUDJOE KEY FL 33042

Mailing Address

P.O. BOX 420422
SUMMERLAND KEY FL 33042-0422

3. Date Incorporated or Qualified

09/27/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 22811 JOHN SILVER LANE

26 22811 JOHN SILVER LANE

4. FEI Number

65-0611482

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

X No

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

CUDJOE KEY, FL

28 City & State

CUDJOE KEY, FL

24 Zip

33042

25 Country

USA

29 Zip

33042

30 Country

USA

9. Name and Address of Current Registered Agent

KEYS, TIMOTHY L
25811 JOHN SILVER LANE
CUDJOE KEY FL 33042

10. Name and Address of New Registered Agent

81 Name

LARRY E. KEYS

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

22811 JOHN SILVER LANE

83

84 City

CUDJOE KEY

FL

85 Zip Code

33042

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

Larry E. Keys
Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when replacing agent)

3/12/96
DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D

KEYS, TIMOTHY L
25811 JOHN SILVER LANE
CUDJOE KEY FL 33042

X DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D

KEYS, LARRY E
25811 JOHN SILVER LANE
CUDJOE KEY FL 33042

□ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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□ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

□ Change □ Addition

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

□ Change □ Addition

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

□ Change □ Addition

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

□ Change □ Addition

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

□ Change □ Addition

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

□ Change □ Addition

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

Larry E. Keys
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96
DATE

Daytime Phone #

CR2E034 (12/95)