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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000085835**

1. Corporation Name
KEY SERVICES OF BOCA GRANDE, INC.

Principal Place of Business	Mailing Address
360 EAST RAILROAD AVE BOCA GRANDE FL 33921	P.O. BOX 1005 BOCA GRANDE FL 33921

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/17/1996

4. FEI Number: 65-0701280 ☐ 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 5800 GASPARILLA RD	26
22 Suite, Apt. #, etc. # C7	27 Suite, Apt. #, etc.
23 City & State BOCA GRANDE FL	28 City & State
24 Zip 33921 25 Country	29 Zip 30 Country

9. Name and Address of Current Registered Agent

SHERRARD, JOHN V JR
360 EAST RAILROAD AVE
BOCA GRANDE FL 33921

10. Name and Address of New Registered Agent

81 Name THOMAS C. MADSEN
82 Street Address (P.O. Box Number is Not Acceptable) 576 ROTONDA CIRC
83
84 City ROTONDA FL 85 Zip Code 33947

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] DATE 3/29/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	SHERRARD, JOHN V. J		1.2 NAME	THOMAS C. MADSEN	
STREET ADDRESS	360 E RAILROAD AVE		1.3 STREET ADDRESS	576 ROTONDA CIRC	
CITY-ST-ZIP	BOCA GRANDE FL		1.4 CITY-ST-ZIP	ROTONDA FL 33947	
TITLE	ST	☒ DELETE	2.1 TITLE	ST	☒ Change ☐ Addition
NAME	SHERRARD, LYNN M		2.2 NAME	DIANA MADSEN	
STREET ADDRESS	360 E RAILROAD AVE		2.3 STREET ADDRESS	576 ROTONDA CIRC	
CITY-ST-ZIP	BOCA GRANDE FL		2.4 CITY-ST-ZIP	ROTONDA FL 33947	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: [signature] 15 JAN 99 941-964-0PC3
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #