

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90115 008 ***150.00

DOCUMENT # P96000102467

1. Corporation Name

OHIO KEY I, INC.

Principal Place of Business

38801 OVERSEAS HIGHWAY
BIG PINE KEY FL 33043

Mailing Address

38801 OVERSEAS HIGHWAY
BIG PINE KEY FL 33043

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1996

4. FEI Number

65-0721961

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

21 2 FENWICK ROAD

2a. Mailing Address

26 2 FENWICK ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 FORT MONROE, VA

Zip Country

24 23651 25

City & State

28 FORT MONROE, VA

Zip Country

29 23651 30

9. Name and Address of Current Registered Agent

BENJAMIN, TIMOTHY M
12520 SW 195 TERRACE
MIAMI FL 33177

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 CP ☐ DELETE

NAME KNORR, C. JOHN

STREET ADDRESS 38801 OVERSEAS HIGHWAY

CITY-ST-ZIP BIG PINE KEY FL 33043

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CP ☒ Change ☒ Addition

1.2 NAME KNORR, C. JOHN

1.3 STREET ADDRESS 2 FENWICK ROAD

1.4 CITY-ST-ZIP FORT MONROE, VA 23651

2.1 TITLE VP ☐ Change ☒ Addition

2.2 NAME NATHAN ROESING

2.3 STREET ADDRESS 2 FENWICK ROAD

2.4 CITY-ST-ZIP FORT MONROE, VA 23651

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Date

362-408-9777

Daytime Phone #

CR2E034 (1/98)

0173778