

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

FILED

Apr 02 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P97000087047 (1)**

1. Corporation Name
KEY WEST BANCGROUP, INC.

Principal Place of Business

**701 WHITEHEAD STREET
KEY WEST FL 33040**

Mailing Address

**701 WHITEHEAD STREET
KEY WEST FL 33040**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1997

4. FEI Number

65-0807107

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23

Zip

24

Country

25

27 City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**BROWNING, SIRECI, GULLER, KLITENICK & THOM
402 APPELROUGH LANE
KEY WEST FL 33040**

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** ☐ DELETE
NAME **HOGUE, PHILIP B**
STREET ADDRESS **1288 OCAAN DR**
CITY-ST-ZIP **SUMMERLAND KEY FL 33042**

TITLE **D** ☐ DELETE
NAME **BROWNING, MICHAEL L**
STREET ADDRESS **402 APPELROUTH LANE**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **D** ☐ DELETE
NAME **FINIGAN, MARK**
STREET ADDRESS **402 APPELROUTH LANE**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **D** ☐ DELETE
NAME **TRACY, ROBERT L**
STREET ADDRESS **1016 FLEMING STREET**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **D** ☐ DELETE
NAME **GREEN, MARVA E**
STREET ADDRESS **1604 BAHAMA DRIVE**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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 supplement to 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 registered agent 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 the attachment with an address.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip B. Hogue

2/9/98 305-294-3540
Date Daytime Phone #

CR2E034 (10/97)