

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

0326692

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90033 041 \*\*\*150.00

DOCUMENT # P98000004728

1. Corporation Name  
KEY MOBILITY, INC.

Principal Place of Business  
913 IRONWOOD RD  
N PALM BEACH FL 33408

Mailing Address  
913 IRONWOOD RD  
N PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/15/1998

4. FEI Number

65-0810741

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STAGGS, ZACHARY  
913 IRONWOOD RD  
N PALM BEACH FL 33408

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME STAGGS, ZACHARY  
STREET ADDRESS 913 IRONWOOD RD  
CITY-ST-ZIP N PALM BEACH FL 33408

1.1 TITLE V/D ☒ Change ☐ Addition  
1.2 NAME STAGGS, ZACHARY  
1.3 STREET ADDRESS 913 IRONWOOD RD  
1.4 CITY-ST-ZIP N PALM BEACH, FL 33408

TITLE D ☐ DELETE  
NAME STAGGS, HADEN  
STREET ADDRESS 10151 DOGWOOD AVE  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

2.1 TITLE T/D ☒ Change ☐ Addition  
2.2 NAME STAGGS, HADEN  
2.3 STREET ADDRESS 10151 DOGWOOD AV  
2.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE S/D ☐ Change ☒ Addition  
3.2 NAME STAGGS, MARY  
3.3 STREET ADDRESS 10151 DOGWOOD AV  
3.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE P/D ☐ Change ☒ Addition  
4.2 NAME WEEKS, WALTER L., III  
4.3 STREET ADDRESS 2445 ALEXANDER LAKE DRIVE  
4.4 CITY-ST-ZIP MARIETTA, GA 30064

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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: Haden Staggs HADEN STAGGS

4/7/99

(561) 622-4928

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)