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FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90004 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000100573

1. Corporation Name

KEYHOLE CORPORATION OF SOUTHWEST FLORIDA

Principal Place of Business 8252 WILTSHIRE DRIVE PORT CHARLOTTE FL 33981	Mailing Address 8252 WILTSHIRE DRIVE PORT CHARLOTTE FL 33981
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1998

4. FEI Number

☒ 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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

GUNDERSON, MIKO P
C/O BATSEL, MCKINLEY, ITTERSAGEN
1861 PLACIDA ROAD SUITE 204
ENGLEWOOD FL 34223

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	<input type="checkbox"/> DELETE
NAME	D HALVORSON, RICK
STREET ADDRESS	6 SPORTSMAN ROAD
CITY-ST-ZIP	ROTONDA WEST FL 33947
TITLE	<input type="checkbox"/> DELETE
NAME	D MACK, GARY A
STREET ADDRESS	2700 AVE OF THE AMERICAS
CITY-ST-ZIP	ENGLEWOOD FL 34224
TITLE	<input type="checkbox"/> DELETE
NAME	D DUFF, JAMES T
STREET ADDRESS	P.O. BOX 541 N/A
CITY-ST-ZIP	PLACIDA FL 33946
TITLE	<input type="checkbox"/> DELETE
NAME	D BOWEN, PATSY
STREET ADDRESS	P.O. BOX 541 N/A
CITY-ST-ZIP	PLACIDA FL 33946
TITLE	<input type="checkbox"/> DELETE
NAME	D STRONG, PETE W
STREET ADDRESS	P.O. BOX 1210
CITY-ST-ZIP	HIGHSTOWN NJ 08520
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

4/27/99

Date

941-697-7665

Daytime Phone #

CR2E034 (11/98)