FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S32433 (2)

1. Corporation Name
KEY MORTGAGE & FINANCIAL CORP.

Principal Place of Business	Mailing Address
3725 GRACE ST #100 TAMPA FL 33607	3725 GRACE ST #100 TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/11/1991
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21: 1411 N. Westshore Blvd.
22 Suite, Apt. #, etc.: Ste. 300
23 City & State: Tampa, Florida
24 Zip: 33607
25 County: Hillsborough

2a. Mailing Address
26: 1411 N. Westshore Blvd.
27 Suite, Apt. #, etc.: Ste. 300
28 City & State: Tampa, Florida
29 Zip: 33607
30 County: Hillsborough

4. FEI Number: 59-3053730 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

NEUKAMM, JOHN B.
101 E KENNEDY BLVD
SUITE 2400
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name: Darlene D. Sanders
82 Street Address (P.O. Box Number is Not Acceptable): 4017 Starfish Lane
83:
84 City: Tampa FL 85 Zip Code: 33615

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: D. Darlene Sanders Sec./Treas. L. DARLENE SANDERS 4/28/95
(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	DP	11 TITLE	DP	☒ Change ☐ Addition
NAME	ESQUINALDO, BRUCE E.	12 NAME	SANDERS, Jerry R.	
STREET ADDRESS	3725 GRACE ST #100	13 STREET ADDRESS	4017 Starfish Lane	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	Tampa, Florida 33615	
TITLE	DST	21 TITLE	DST	☒ Change ☐ Addition
NAME	ESQUINALDO, CAROLYN J	22 NAME	Darlene D. Sanders	
STREET ADDRESS	3725 GRACE ST #100	23 STREET ADDRESS	4017 Starfish Lane	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	Tampa, Florida 33615	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added by an attachment with an address.

SIGNATURE: Jerry R. Sanders, Pres. 4/28/95 (803) 282-1770
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Title Daytime Phone #
Jerry R. Sanders

000032 CP