

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

7 CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # S43511 (2)

1. Corporation Name

95 MAY -1 PM 1:23

DRIFTWOOD KEY, INC.

Principal Place of Business	Mailing Address
16 BIRCHVIEW BLVD ETOBICOKE ON M8X 1-5 US	16 BIRCHVIEW BLVD ETOBICOKE ON M8X 1-5 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/08/1991		3a. Date of Last Report 07/18/1994	
4. FEI Number 98-0124783		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	
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No			

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip	25 Country	28 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GOREY, FRED M. 1001 ESTERO BOULEVARD SUITE 10 FORT MYERS BEACH FL		CRAWFORD, STEPHEN J. 5129 CASTLE RD SUITE 41 NAPLES FL 33940	

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]

(NOTE: Registered Agent signature required when reappointing)

May 27/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	☐ Change ☐ Addition
NAME	DYKE, TERRY	1.2 NAME	
STREET ADDRESS	16 BIRCHVIEW BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ETOBICOKE ON	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	DYKE, SANDRA E.	2.2 NAME	
STREET ADDRESS	16 BIRCHVIEW BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	ETOBICOKE ON	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

REMITTED BY MAY 1

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 110.07(3)(k), 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.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 7, 1995