

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V04831** (6)

1. Corporation Name

KEYS EMPLOYMENT AGENCY, INC.



Principal Place of Business

**P.O. BOX 1973
BIG PINE KEY FL 33043**

Mailing Address

**P.O. BOX 1973
BIG PINE KEY FL 33043**

2. Principal Place of Business

21 **613 BLACKBEARD RD.**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

LITTLE TORCH KEY, FL

29 City & State

24 Zip

Country

Zip

Country

33042

MONROE

33042

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/08/1992

3a. Date of Last Report

05/25/1995

4. FEI Number

65-0307794

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

10. Name and Address of New Registered Agent

GLENN, DONNA

RT. 5, BOX 183

SUITE 11

BIG PINE KEY FL 33043

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

613 BLACKBEARD ROAD

83

84 City

LITTLE TORCH KEY

FL

85 Zip Code

33042

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 recording

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

**D
GLENN, DONNA
P.O. BOX 1973 N/A
BIG PINE KEY FL 33043**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☒ Addition

**613 BLACKBEARD ROAD
LITTLE TORCH KEY, FL 33042**

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

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(d), 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:

Donna Glenn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONNA GLENN 4/2/96 305-872-9692

Date

Phone Number

CR2E034 (12/95)