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Apr 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V44242 (8)

1. Corporation Name  
KEYCOLE ENTERPRISE'S, INC.



Principal Place of Business

125 US 27 NORTH  
LAKE PLACID FL 33852

Mailing Address

125 US 27 NORTH  
LAKE PLACID FL 33852-7832

2. Principal Place of Business

21 2938 US 27 South

2a. Mailing Address

26 2938 US 27 South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Sebring FL

28 Sebring FL

24 Zip 33870

25 Country USA

29 Zip 33870

30 Country USA

3. Date Incorporated or Qualified

06/17/1992

3a. Date of Last Report

03/15/1996

4. FEI Number

59-3132954

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

COLE, PAUL  
125 US 27 NORTH  
LAKE PLACID FL 33825

10. Name and Address of New Registered Agent

81 Name Sweitzer, Scott

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

456 McCoy St

83

84 City Sebring

FL

85 Zip Code 33870

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)

4/16/97  
DATE

12. OFFICERS AND DIRECTORS

TITLE PDS  
NAME COLE, PAUL  
STREET ADDRESS 68 TOWER STREET  
CITY- ST- ZIP LAKE PLACID FL ☐ DELETE

TITLE TD  
NAME SWEITZER, SCOTT  
STREET ADDRESS 456 MCCOY STREET  
CITY- ST- ZIP SEBRING FL ☐ DELETE

TITLE VPD  
NAME FIELDER, SEAN  
STREET ADDRESS 2205 COUNTRY HAVEN LN  
CITY- ST- ZIP SEBRING FL 33872 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PDS TD  
1.2 NAME Sweitzer, Scott  
1.3 STREET ADDRESS 456 McCoy St  
1.4 CITY- ST- ZIP Sebring FL ☐ Change ☐ Addition

2.1 TITLE VPD  
2.2 NAME Cole Paul  
2.3 STREET ADDRESS 68 Tower St  
2.4 CITY- ST- ZIP Lake Placid FL ☐ 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 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.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/97 (94) 382-1952  
Date Daytime Phone #

CR2E034 (9/96)