

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000004728

Entity Name: KEY MOBILITY, INC.**Current Principal Place of Business:**27359 HAITI LANE
RAMROD KEY, FL 33042**Current Mailing Address:**3166 8TH STREET
SARASOTA, FL 34237 US**FEI Number:** 65-0810741**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STAGGS, ZACHARY H
15782 73RD TERRACE NORTH
PALM BEACH GARDENS, FL 33418 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** ZACHARY H STAGGS

03/09/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VD
Name	STAGGS, ZACHARY H
Address	15782 73RD TERRACE NORTH
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	PD
Name	WEEKS, WALTER LIII
Address	2445 ALEXANDER LAKE DRIVE
City-State-Zip:	MARIETTA GA 30064

Title	V
Name	DICKERSON, GREG
Address	3651 BLAKEFORD WAY
City-State-Zip:	MARIETTA GA 30062

Title	SVCO-T
Name	FLYNN, ANN
Address	N2283 COUNTY RD C
City-State-Zip:	BAY CITY WI 54723

Title	V
Name	FLYNN, ROBERT
Address	N2283 COUNTY RD C
City-State-Zip:	BAY CITY WI 54723

Title	V
Name	KRUSCHKE, DON
Address	2950 S. SHORE DR. SW
City-State-Zip:	PRIOR LAKE MN 55372

Title	V
Name	MOWATT-LARSEN, STIG
Address	8911 STONE RIDGE DR. SE
City-State-Zip:	WARREN OH 44484

Title	TITLE V, DIRECTOR
Name	GUGLIELMO, MICHAEL
Address	36 MYRTLE AVE
City-State-Zip:	NEWBURYPORT ME 01950

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WALTER L WEEKS III**PRESIDENT**

03/09/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OFFICER
Name SMOTHERS, MARK
Address 1419 MAYESVILLE WAY
City-State-Zip: THE VILLAGES FL 32162

Title DIRECTOR
Name MILLS, DOUG
Address PO BOX 5156
City-State-Zip: CHATTANOOGA TN 37406