FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90020 004 ***150.00

DOCUMENT	#	544803
1. Corporation Name		0000

JACK KELLER, INC.

			<u></u>		
Principal Place	e of Business	Mailing Address			1 19 19 19 19 19 19 19 19 19 19 19 19 19
2440 W. BAY D LARGO FL 3464		2440 W. BAY DRIVE LARGO FL 34640			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					09/08/1977
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26		*	59-1759776 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired
City & State		City & State		· 	6. Election Campaign Financing S5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country 70-193325	Zip	Countr	1	8. This corporation owes the current year Intangible Personal Property Tax.
24 2 4 7	9. Name and Address of Currer		,, ,		10. Name and Address of New Registered Agent
, -			81	Name	
	ER, JOHN E.		82	Street Addr	ress (P.O. Box Number is Not Acceptable)
) W. BAY DRIVE		"	Street Addi	
LARC	GO FL 34640		83		
	•		84	City	FL 85 Zip Code
office or r	registered agent, or both, in the State am familiar with, and accept the obligation Signature, typed or printed name of registered age	of Florida, Such change was autations of, Section 607.0505, Florid	norized by da Statute	the corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered of when reinstating)
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KELLER, JOHN E JR.		1.2 NAME		
STREET ADDRESS			1.3 STREE	T ADDRESS	ĺ
CITY-ST-ZIP	LARGO FL		1.4 CITY	ST-ZIP	
TITLE	VSD	☐ DELETE	2.1 TITLE		Change Addition
NAME	REEVES, CHARLES P.		2.2 NAME		
STREET ADDRESS	2750 JARVIS CIR	•	2.3 STREE	TADORESS	
CITY-ST-ZIP	PALM HARBOR FL'		2. 4 CITY-	ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP		□ acutae	3.4. CITY-	ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE		☐ criatige ☐ Audition
NAME		•	4. 2 NAME	•	•
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP	 	☐ DELETE	4.4 CITY- 5.1 TITLE	ST-ZIP	∴ Change ☐ Addition
TITLE	,		5.1 IIILE 5.2 NAME		

14. 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, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP 61 TITLE

62 NAME

SIGNATURE: (

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

John Flokeller, Jr.

TO BELETE TO

April 6, 1999 (727)586-1497

Daytime Phone #

☐ Change

☐ Addition