2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State
03-01-2000 90018 002 ***150.00

DOCUMENT # P08627

1. Entity Name

KEETON CORRECTIONS, INC.

Principal Place of Business	Mailing Address
96 MONTANA AVE LYNN HAVEN FL 32444 US	P O BOX 1317 LYNN HAVEN FL 32444-6117 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
401 W. 14th ST	P.O. Box 1317
Suite, Apt. #, etc.: SUITE 3	Suite, Apt. #, etc.:
City & State: LYNN HAVEN, FL	City & State: LYNN HAVEN, FL
Zip: 32444 Country: USA	Zip: 32444 Country: USA

4. FEI Number: 61-1009274 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KEETON, RONALD G.
96 MONTANA AVE
LYNN HAVEN FL 32444

7. Name and Address of New Registered Agent

Name: KIMBERLY K. SPENCE
Street Address (P.O. Box Number is Not Acceptable): 404 MISSOURI AVE
City: LYNN HAVEN FL Zip Code: 32444

8. 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: Kimberly K. Spence 1-26-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDT KEETON, RONALD G 96 MONTANA AVE LYNN HAVEN FL	☒ Delete	PD KIMBERLY K. SPENCE 404 MISSOURI AVE LYNN HAVEN, FL 32444	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TD JERAMIAH J. CRONIN 804 8th ST. CIRCLE LYNN HAVEN, FL 32444	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	SD TIMOTHY S. SPENCE 404 MISSOURI AVE LYNN HAVEN, FL 32444	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

CR2E034 (9/99)

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kimberly K. Spence 1-26-00 (850)271-0099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #