2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State
02-19-2002 90018 022 ***150.00

600091 AV

DOCUMENT # P08627

1. Entity Name
KEETON CORRECTIONS, INC.

Principal Place of Business	Mailing Address
401 W 14TH ST STE 3 LYNN HAVEN FL 32444 US	P O BOX 1317 LYNN HAVEN FL 32444 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 2327 Suite, Apt. #, etc.
City & State	City & State: PANAMA CITY, FL
Zip / Country	Zip: 32402 / 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	7. Name and Address of New Registered Agent
SPENCE, KIMBERLY K 404 MISSOURI AVE LYNN HAVEN FL 32444	Name: TIMOTHY J. SLOAN Street Address (P.O. Box Number is Not Acceptable): 427 McKenzie Avenue City: PANAMA CITY FL 32401 FL / Zip Code

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 Timothy J. Sloan DATE: 1-7-01/1/22/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	PD SPENCE, KIMBERLY K 404 MISSOURI AVE LYNN HAVEN FL 32444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SPENCE KIMBERLY K 2816 TRACY LANE PANAMA CITY, FL 32405	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CRONIN, JERAMIAH J 808 8TH ST CIRCLE LYNN HAVEN FL 32444	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SPENCE, TIMOTHY S 404 MISSOURI AVE LYNN HAVEN FL 32444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SPENCE, TIMOTHY S. 2816 TRACY LANE PANAMA CITY, FL 32405	☒ Change ☐ Addition
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CR2E034 (9/01)

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 1-7-02 850-271-0099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #