

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000002039 (3)**

1. Corporation Name

**KELLER FINANCIAL SERVICES OF WEST FLORIDA, INC.**



Principal Place of Business

19329 U.S. HWY 19 NORTH  
CLEARWATER FL 34624  
US

Mailing Address

19329 U.S. HWY 19 NORTH  
CLEARWATER FL 34624  
US

2. Principal Place of Business

21 18167 US Hwy 19 No

22 Ste. 450

23 Clearwater, FL

24 34624 25 USA.

2a. Mailing Address

26 P.O. Box 15007

27 Suite, Apt. #, etc.

28 Clearwater, FL

29 34629-5007 30 USA.

3. Date Incorporated or Qualified  
01/10/1994

3a. Date of Last Report  
07/19/1995

4. FEI Number

59-3225855

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

KELLER, BRIAN R  
19329 U.S. HWY 19 NORTH  
CLEARWATER FL 34624

81 Name

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

18167 U.S. Hwy 19 No  
Ste. 450

83

84 City

Clearwater

FL

85 Zip Code

34624

10. Name and Address of New Registered Agent

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
NAME **D KELLER, BRIAN R**  
STREET ADDRESS ~~19329 U.S. HWY 19 NORTH~~  
CITY-ST-ZIP **CLEARWATER FL**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PS**  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS **18167 US Hwy 19 No, Ste 450**  
1.4 CITY-ST-ZIP **Clearwater, FL 34624**

2.1 TITLE **DVT**  Change  Addition  
2.2 NAME **Watkins, R. Lamar**  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE **D**  Change  Addition  
3.2 NAME **Quilis, Jim**  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96

813-524-1400  
Dialing Prefix

CR2E034 (12/95)