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Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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  
18167 US HWY 19  
SUITE 450  
CLEARWATER FL 34624  
US

Mailing Address  
PO BOX 15007  
CLEARWATER FL 34629-5007  
US

3. Date Incorporated or Qualified 01/10/1994	3a. Date of Last Report 03/25/1996
4. FEI Number 59-3225855	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 18167 US Hwy 19 North Suite, Apt. #, etc. 22 Suite 450 City & State 23 Clearwater, FL Zip 24 34624-6572	Country 25 Pinellas	2a. Mailing Address 26 18167 US Hwy 19 North Suite, Apt. #, etc. 27 Suite 450 City & State 28 Clearwater, FL Zip 29 34624-6572	Country 30 Pinellas
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9. Name and Address of Current Registered Agent KELLER, BRIAN R 18167 US HWY 19 SUITE 450 CLEARWATER FL 34624	10. Name and Address of New Registered Agent 81 Name Keller, Brian R. 82 Street Address (P.O. Box Number is Not Acceptable) 18167 US Highway 19 North 83 Suite 450 84 City Clearwater 85 Zip Code FL 34624-6572
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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: Brian R. Keller January 9, 1997  
Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PS NAME KELLER, BRIAN R STREET ADDRESS 18167 US HWY 19 SUITE 450 CITY-ST-ZIP CLEARWATER FL	<input type="checkbox"/> DELETE	1.1 TITLE C/S/T/D 1.2 NAME Keller, Brian R. 1.3 STREET ADDRESS 18167 US Highway 19 North, Suite 450 1.4 CITY-ST-ZIP Clearwater, FL 34624-6572	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DVT NAME WALTERS, R LAMAR STREET ADDRESS 18167 US HWY 19 CITY-ST-ZIP CLEARWATER FL 34624	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME GILLIS, TIM STREET ADDRESS 18167 US HWY 19 CITY-ST-ZIP CLEARWATER FL 34624	<input type="checkbox"/> DELETE	3.1 TITLE V/D 3.2 NAME Gillis, Timothy G. 3.3 STREET ADDRESS 18167 US Highway 19 North, Suite 450 3.4 CITY-ST-ZIP Clearwater, FL 34624-6572	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE P 4.2 NAME Nixon, Michael 4.3 STREET ADDRESS 18167 US Highway 19 North, Suite 450 4.4 CITY-ST-ZIP Clearwater, FL 34624-6572	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE V 5.2 NAME Stiff, Gregory M. 5.3 STREET ADDRESS 18167 US Highway 19 North, Suite 450 5.4 CITY-ST-ZIP Clearwater, FL 34624-6572	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE V 6.2 NAME Hallstrom, John D. 6.3 STREET ADDRESS 18167 US Highway 19 North, Suite 450 6.4 CITY-ST-ZIP Clearwater, FL 34624-6572	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do 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.

SIGNATURE: Brian R. Keller January 9, 1997 813/524-1400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)