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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000048947 (3)**

1. Corporation Name
KELLER FINANCIAL SERVICES OF THE GOLD COAST, INC

Principal Place of Business	Mailing Address
18167 US HWY 19 SUITE 450 CLEARWATER FL 34624-3170 US	PO BOX 15007 CLEARWATER FL 34629-5007 US

3. Date Incorporated or Qualified: 06/30/1994
3a. Date of Last Report: 03/25/1996

2. Principal Place of Business	2a. Mailing Address
21 Street: 18167 US Hwy 19 North	26 Street: 18167 US Hwy 19 North
22 Suite, Apt. #, etc: Suite 450	27 Suite, Apt. #, etc: Suite 450
23 City & State: Clearwater, FL	28 City & State: Clearwater, FL
24 Zip: 34624-6572 25 Country: Pinellas	29 Zip: 34624-6572 30 Country: Pinellas

4. FEI Number: 59-3267198 ☐ 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	10. Name and Address of New Registered Agent
KELLER, BRIAN R 18167 US HWY 19 SUITE 450 CLEARWATER FL 34624-3170	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 FL 85 Zip Code: 34624-6572

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS KELLER, BRIAN R 18167 US JWY 19 NO SUITE 450 CLERWATER FL ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	C/S/T/D ☒ Change ☐ Addition Keller, Brian R. 18167 US Highway 19 North, Suite 450 Clearwater, FL 34624-6572
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT WATKINS, R. LAMAR 18167 US HWY 19 CLEARWATER FL 34624-3170 ☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GILLIS, TIM 18167 US HWY 19 CLEARWATER FL 34624-3170 ☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	V/D ☒ Change ☐ Addition Gillis, Timothy G. 18167 US Highway 19 North, Suite 450 Clearwater, FL 34624-6572
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	P ☐ Change ☒ Addition Nixon, Michael 18167 US Highway 19 North, Suite 450 Clearwater, FL 34624-6572
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	V ☐ Change ☒ Addition Stiff, Gregory M. 18167 US Highway 19 North, Suite 450 Clearwater, FL 34624-6572
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	V ☐ Change ☒ Addition Hallstrom, John D. 18167 US Highway 19 North, Suite 450 Clearwater, FL 34624-6572

CR2E034 (9/96)

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