

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 # **P94000048949 (9)**

1. Corporation Name

KELLER FINANCIAL SERVICES OF THE SUN COAST, 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

18167 U.S. Hwy. 19 No.
Suite, Apt. #, etc.
Ste. 450
City & State
Clearwater, FL
34624 Country
USA

2a. Mailing Address

P.O. Box 15007
Suite, Apt. #, etc.
City & State
Clearwater, FL
34629-5007 Country
USA

3. Date Incorporated or Qualified

06/30/1994

3a. Date of Last Report

07/19/1995

4. FLI Number

59-3267197

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. HIGHWAY 19 NORTH
CLEARWATER FL 34624-3170

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
18167 U.S. Hwy. 19 No.
83 Ste. 450
84 City
Clearwater FL 85 Zip Code
34624

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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLER, BRIAN R	
STREET ADDRESS	19329 U.S. HIGHWAY 19 NORTH	
CITY-ST-ZIP	CLEARWATER FL 34624-3170	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Watkins, R. Lamar	
2.3 STREET ADDRESS	"	
2.4 CITY-ST-ZIP		
3.1 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Quinn, Tim	
3.3 STREET ADDRESS	"	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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]
NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96
Date

813-524-1400
Toll-Free Phone

CR2E034 (12/95)