

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Mar 05 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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  
**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  
**06/30/1994**

3a. Date of Last Report  
**03/25/1996**

2. Principal Place of Business  
21 **18167 US Hwy 19 North**  
Suite, Apt. #, etc.  
22 **Suite 450**  
City & State  
23 **Clearwater, FL**  
Zip Country  
24 **34624-6572** 25 **Pinellas**

2a. Mailing Address  
26 **18167 US Hwy 19 North**  
Suite, Apt. #, etc.  
27 **Suite 450**  
City & State  
28 **Clearwater, FL**  
Zip Country  
29 **34624-6572** 30 **Pinellas**

4. FEI 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  
18167 US HWY 19 SUITE 450  
CLEARWATER FL 34624-3170**

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**

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

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

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)