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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000010127 (5) **DOCUMENT #** 

MIKE KEESEE DESIGNS, INC.

Principal Place of Business

FILED Feb 13 1998 8:00am Secretary of State



Mailing Address 114 NORTHEAST FIRST STREET P.O. BOX 308 TRENTON FL 32693 TRENTON FL 32693 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 02/06/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3300275 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Žip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name BURT, THEODORE M 114 NORTHEAST FIRST STREET Street Address (P.O. Box Number is Not Acceptable) 82 TRENTON FL 32693 83 84 City Zip Code 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 (NOTE Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE KEESEE, MICHAEL T 653 LITTLE WEKINA RD TITLE Change Addition NAME KEESEE, MICHAEL T 1.2 NAME 412 HERMITAGE DR. STREET ADDRESS 1.3 STREET ADDRESS ALTAMONTE SORINGS, FC 32714 ALTAMONTE SPRINGS FL 32701 CITY-ST-ZIP 1.4 CITY-ST-ZIP TO DELETE TITLE 2.1 TITLE Change \_\_\_ Addition KEESEE, CATHERINE C NAME 2 2 NAME 412 HERMITAGE DR. STREET ADDRESS 2 3 STREET ADDRESS ALTAMONTE SPRINGS FL 32701 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TETLE ☐ Change 3.1 TITLE Addition NAME 3.2 NAM8 STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE TITLE 5 1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition TITLE ☐ DELETE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 City-St-ZiP 14. Thereby certify that the information supplied with this filling 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 immunit reports 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 of the c

Block 12 or Block 13 if changed, or or a