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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000077390**1. Corporation Name

KEYSTONE GROUND SUPPORT, INC.

Principal Place	e of Business	Mailing Address	Mailing Address					
4755 122ND AVE N CLEARWATER FL 33762 US		4755 122ND AVE N CLEARWATER FL 33762 US				DO NOT WRITE IN THIS	SDACE	
						3. Date Incorporated or Qualifed		
						10/10/1995		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	-	Applied For
21		26				65-0623700 Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required		
22		27						
City & State		City & State				6. Election Campaign Financing S.00 May Be Trust Fund Contribution Added to Fees		
23		Zip Country						n to rees
Zip	Country	Zip		y		This corporation owes the current year Interpretation Personal Property Tax.	angible Yes	□No
24	25		10			10. Name and Address of New Registered		
9. Name and Address of Current Registered Agent				1	Name	10. Hame and Madress of flow Hogoterses.		
HAG	gerty, Eugene			\perp				
5925 RAVENSWOOD ROAD BLDD. D FORT LAUDERDALE FL 33312		BAY 14	8	2	Street Addre	ess (P.O. Box Number is Not Acceptable)		
			8	3				<u> </u>
ı			8	4	City		85 Zi	ip Code
						FL		its registered
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	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	legistered Ap	ent	signature required	when reinstating) DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIREC	TORS IN 12
TITLE	PTD	☐ DELETE		:			Chang	ge
NAME	HAGGERTY, EUGENE M		1.2 NAME					
STREET ADDRESS 5925 RAVENSWOOD ROAD BLDD. D BAY 14			1.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33312		1,4 CITY-ST-ZIP		-ZIP			
TITLE	VSD DELETE		2.1 TITLE				Chang	ge Addition
NAME	HAGGERTY, RENEE S		2.2 NAME					
STREET ADDRESS	COOK DAVENOWOOD DOAD BLDD D DAV 44			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP				i
CITY-ST-ZIP								
TITLE	DELETE			3.1 TITLE			Chang	ge [Addition
NAME			3.2 NAME					'
STREET ADDRESS			3.3 STRE	ET A	ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP		i-ZIP			
TITLE	☐ DELETE		4.1 TITLÉ				Chang	ge Addition
NAME			4. 2 NAM	Ε				
STREET ADDRESS			4.3 STREET ADDR		ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP		-ZIP			
TITLE	☐ DELETÉ		5.1 TITLE	5.1 TITLE			Chang	ge
NAME			5.2 NAMI	E				
STREET ADDRESS	1		5.3 STRE	ET/	ADDRESS			
CITY-ST-ZIP			5.4 CITY	5.4 CITY-ST-ZIP				
TITLE	DELETE		6.1 TITLE	6.1 TITLE			☐ Chang	ge ☐ Addition
NAME			6.2 NAMI	E				j
STREET ADDRESS			6.3 STRE	ET/	ADDRESS			
CITY-ST-ZIP			6.4 CITY	ST-	-ZIP			

CITY-ST-ZIP 14. I 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 changes, or an attachment with an address, with all other like empowered.

SIGNATURE: