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Jun 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000045460 (8)  
1. Corporation Name  
KER, INC.



Principal Place of Business  
2421 BUTTERNUT COURT  
DUNEDIN FL 34698

Mailing Address  
~~2421 BUTTERNUT COURT~~  
~~DUNEDIN FL 34698-0252~~

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified  
05/28/1996

3a. Date of Last Report

4. FEI Number

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

~~ROMAN & ROMAN, P.A.~~  
~~2198 MAIN STREET #L~~  
~~DUNEDIN FL 34698~~

81 Name

82 Street Address (P.O. Box Number Not Acceptable)

83 City

84 State

FL

85 Zip

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 607.0502, Florida Statutes.

SIGNATURE

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 ☐ DELETE

NAME  
KER, CRAWFORD  
STREET ADDRESS  
~~2421 BUTTERNUT COURT~~  
CITY-ST-ZIP  
~~DUNEDIN FL 34698~~

TITLE ☐ DELETE

NAME  
KER, CRAWFORD  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
KER, CRAWFORD  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
KER, CRAWFORD  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
KER, CRAWFORD  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
KER, CRAWFORD  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 as an attachment with an address.

SIGNATURE

SIGNATURE

4/1/97 (813) 535-2439

CR2E034 (9/96)