

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

FILED

Mar 05 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **V24393** (3)
1. Corporation Name
KELLER FINANCIAL SERVICES OF ST. PETERSBURG, INCPrincipal Place of Business
**18167 US HWY 19
SUITE 450
CLEARWATER FL 34624
US**Mailing Address
**PO BOX 15007
CLEARWATER FL 34628-5007
US**3. Date Incorporated or Qualified
03/27/1992 3a. Date of Last Report
03/25/19964. FEI Number
59-3112718 Applied For
Not Applicable5. 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

2. Principal Place of Business

21 **18167 US Hwy 19 North**
Suite, Apt. #, etc.22 **Suite 450**
City & State23 **Clearwater, FL**
Zip Country24 **34624-6572** 25 **Pinellas**

2a. Mailing Address

26 **18167 US Hwy 19 North**
Suite, Apt. #, etc.27 **Suite 450**
City & State28 **Clearwater, FL**
Zip Country29 **34624-6572** 30 **Pinellas**

9. Name and Address of Current Registered Agent

**KELLER, BRIAN R.
18167 US HWY 19 SUITE 450
CLEARWATER FL 34624**

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 FL 85 Zip Code
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**
(NOTE: Registered Agent signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ DELETE
NAME **KELLER, BRIAN R.**
STREET ADDRESS **19329 US HWY 19 NORTH**
CITY - ST - ZIP **CLEARWATER FL**TITLE **VTD** ☒ DELETE
NAME **WATKINS, R. LAMAR**
STREET ADDRESS **19329 US HEWY 19 NORTH**
CITY - ST - ZIP **PINELLAS PARK FL**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **C/S/T/D** ☒ Change ☐ Addition
12 NAME **Keller, Brian R.**
13 STREET ADDRESS **18167 US Highway 19 North, Suite 450**
14 CITY - ST - ZIP **Clearwater, FL 34624-6572**21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP31 TITLE ☐ Change ☒ Addition
32 NAME **P**
33 STREET ADDRESS **Nixon, Michael**
34 CITY - ST - ZIP **18167 US Highway 19 North, Suite 450**
Clearwater, FL 34624-657241 TITLE ☐ Change ☒ Addition
42 NAME **V/D**
43 STREET ADDRESS **Gillis, Timothy G.**
44 CITY - ST - ZIP **18167 US Highway 19 North, Suite 450**
Clearwater, FL 34624-657251 TITLE ☐ Change ☒ Addition
52 NAME **V**
53 STREET ADDRESS **Stiff, Gregory M.**
54 CITY - ST - ZIP **18167 US Highway 19 North, Suite 450**
Clearwater, FL 34624-657261 TITLE ☐ Change ☒ Addition
62 NAME **V**
63 STREET ADDRESS **Hallstrom, John D.**
64 CITY - ST - ZIP **18167 US Highway 19 North, Suite 450**
Clearwater, FL 34624-6572

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)