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

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Apr 27 1998 8:00am CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 285802 (5)R.J. KEEN & SON, INC. Principal Place of Business Mailing Address 9825 HWY. 60 E. 9825 HWY. 60 E. LAKE WALES FL 33853 LAKE WALES FL 33853 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/08/1964 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1061053 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zıp Country This corporation owes or has paid the current year Intangible X Yes ☐ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KEEN. JERRY R 9825 HWY.60 E. Street Address (P.O. Box Number is Not Acceptable) LAKE WALES FL 33853 83 84 City 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change Addition TITLE KEEN, JERRY ROGER NAME 1.2 NAME 9825 HWY. 60 E. STREET ADORESS 1.3 STREET ADDRESS LAKE WALES FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 21 TITLE Change ☐ Addition TITLE KEEN, LAJUAIA NAME 2.2 NAME 9825 HWY. 60 E. 2 3 STREET ADDRESS STREET ADDRESS LAKE WALES FL 2.4 CITY+ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change ☐ Addition TITLE NAME 5.2 NAME STREET ADORESS 5.3 STREET ADORESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 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 changed, or on an attachment with an address.

FLORIDA DEPARTMENT OF STATE

**FILED** 

4-20-98

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