

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 314421 (9)

1. Corporation Name

KEIM ASSOCIATES, INC.



Principal Place of Business

802 S.E. 47TH TERRACE
CAPE CORAL FL 33904

Mailing Address

802 S.E. 47TH TERRACE
CAPE CORAL FL 33904

3. Date Incorporated or Qualified
03/06/1967

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-1200351

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

AYERS, ROBERT J.
3536 SE 18 AVE.
CAPE CORAL FL 33904

81 Name

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

83

84 City

FL

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 or officer or director)

(Typed) Registered Agent's name, registration expiration date

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME AYERS, ROBERT J
STREET ADDRESS 3536 SE 18 AVENUE
CITY-ST-ZIP CAPE CORAL, FL 00000 ☐ DELETE

TITLE VSD
NAME STORY, JANE
STREET ADDRESS 5708 FLAMINGO DR.
CITY-ST-ZIP CAPE CORAL FL ☐ DELETE

TITLE D
NAME DONALSON, CATHERINE
STREET ADDRESS 1925 CLIFFORD STREET
CITY-ST-ZIP FT. MYERS FL ☐ DELETE

TITLE ~~TD~~
NAME ~~EAST, CHARLES M JR.~~
STREET ADDRESS ~~1010 AMERICAN EAGLE BLVD., SUITE 239~~
CITY-ST-ZIP ~~SUN CITY CENTER FL~~ ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME AYERS, ROBERT J
1.3 STREET ADDRESS 3536 SE 18 AVENUE
1.4 CITY-ST-ZIP CAPE CORAL, FL 33904 ☒ Change ☐ Addition

2.1 TITLE VSDT
2.2 NAME STORY, JANE
2.3 STREET ADDRESS 5708 FLAMINGO DR.
2.4 CITY-ST-ZIP CAPE CORAL, FL 33904 ☒ Change ☐ Addition

3.1 TITLE D
3.2 NAME DONALSON, CATHERINE
3.3 STREET ADDRESS 1925 CLIFFORD STREET #1002
3.4 CITY-ST-ZIP FT. MYERS, FL 33901 ☒ Change ☐ Addition

4.1 TITLE ~~TD~~
4.2 NAME ~~EAST, CHARLES M JR.~~
4.3 STREET ADDRESS ~~1010 AMERICAN EAGLE BLVD., SUITE 239~~
4.4 CITY-ST-ZIP ~~SUN CITY CENTER, FL 33573~~ ☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)