

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

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90031 015 \*\*\*150.00

DOCUMENT # 321680

1. Corporation Name

KETO OF OCALA, INC.

Principal Place of Business

1612 NE 25TH AVE  
OCALA FL 34470  
US

Mailing Address

304 S.E. 48TH AVENUE  
OCALA FL 34471  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/04/1967

4. FEI Number

59-1298011

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADAMS, VIRGINIA C  
304 SE 48TH AVE  
OCALA, FL  
32671

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 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

VD

☐ DELETE

NAME

ADAMS, VIRGINIA N

STREET ADDRESS

304 SE 48TH AVE

CITY-ST-ZIP

OCALA, FL 00000

TITLE

D

☐ DELETE

NAME

RANDOLPH, GEORGE W III

STREET ADDRESS

820 WILLIAMS LANE

CITY-ST-ZIP

PORT ORANGE, FL 00000

TITLE

STD

☐ DELETE

NAME

RANDOLPH, MICHELLE N

STREET ADDRESS

820 WILLIAMS LANE

CITY-ST-ZIP

PORT ORANGE, FL 00000

TITLE

PD

☐ DELETE

NAME

ADAMS, CARL W

STREET ADDRESS

304 SE 48TH AVE

CITY-ST-ZIP

OCALA, FL 00000

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/99

Date

Daytime Phone #

CR2E034 (1/198)

0489658