

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

DOCUMENT # 416284

1. Corporation Name

H.W. KEISTER ASSOCIATES, INC.

Principal Place of Business

2027 UNIVERSITY BLVD N
JACKSONVILLE FL 32211
US

Mailing Address

2027 UNIVERSITY BLVD N
JACKSONVILLE FL 32211-3223
US

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90009 027 *****8.75

03-17-1999 90009 028 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1973

4. FEI Number

59-1435681

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21 4019 WOODCOCK DRIVE

2a. Mailing Address

26 4019 WOODCOCK DRIVE

Suite, Apt. #, etc.

22 SUITE 201

Suite, Apt. #, etc.

27 SUITE 201

City & State

23 JACKSONVILLE FL

City & State

28 JACKSONVILLE FL

Zip

24 32207

Country

25 US

Zip

29 32207

Country

30 US

9. Name and Address of Current Registered Agent

KEISTER, MARK J.
2119 UNIVERSITY BLVD. N.
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name KEISTER MARK J

82 Street Address (P.O. Box Number is Not Acceptable)
7355 BUCKSKIN TRAIL S

83

84 City JACKSONVILLE

FL

85 Zip Code 32277

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

TITLE D ☒ DELETE
NAME KEISTER, HALEY W.
STREET ADDRESS 2119 UNIVERSITY BLVD. N.
CITY-ST-ZIP JACKSONVILLE FL

TITLE VPT ☐ DELETE
NAME WEBB, DAVID L
STREET ADDRESS 2027 UNIVERSITY BLVD N
CITY-ST-ZIP JACKSONVILLE FL

TITLE PS ☐ DELETE
NAME KEISTER, MARK J.
STREET ADDRESS 2027 UNIVERSITY BLVD, N
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE VPT ☒ Change ☐ Addition
22 NAME WEBB, DAVID L
23 STREET ADDRESS 4019 WOODCOCK DRIVE SUITE 201
24 CITY-ST-ZIP JACKSONVILLE FL 32207

31 TITLE PS ☒ Change ☐ Addition
32 NAME KEISTER MARK J
33 STREET ADDRESS 4019 WOODCOCK DRIVE SUITE 201
34 CITY-ST-ZIP JACKSONVILLE FL 32207

41 TITLE D ☐ Change ☒ Addition
42 NAME ROTH DENNIS A
43 STREET ADDRESS 4019 WOODCOCK DRIVE SUITE 201
44 CITY-ST-ZIP JACKSONVILLE FL 32207

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David L. Webb, VPT

2-26-99

904-743-4633

Date

Daytime Phone #

CR2E034 (11/98)