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Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **423742** **(6)**

1. Corporation Name
KEENAN AND SONS, INC.

Principal Place of Business
3250 WEST FAIRFIELD DRIVE
PENSACOLA FL 32505

Mailing Address
3250 WEST FAIRFIELD DRIVE
PENSACOLA FL 32505-4976

3. Date Incorporated or Qualified: **04/17/1973**
3a. Date of Last Report: **04/11/1996**

2. Principal Place of Business
21 | Suite, Apt. #, etc. 22 | City & State 23 | Zip 24 | Country 25

2a. Mailing Address
26 | Suite, Apt. #, etc. 27 | City & State 28 | Zip 29 | Country 30

4. FEI Number: **59-1461799** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KEENAN, JOSEPH M.
205 ARIOLA
PENSACOLA BCH FL 32561

NEW ADDRESS
136 STEARNS STREET
GULF BREEZE, FLORIDA 32561

10. Name and Address of New Registered Agent

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	**PST** ☐ DELETE	11 TITLE	PST ☒ Change ☐ Addition
NAME	**KEENAN, D.MARSHALL**	12 NAME	KEENAN, D. MARSHALL
STREET ADDRESS	**17 GILMORE DRIVE**	13 STREET ADDRESS	200 HAMPTON STREET
CITY-ST-ZIP	**GULF BREEZE FL**	14 CITY-ST-ZIP	GULF BREEZE, FLORIDA 32561
TITLE	**VD** ☐ DELETE	21 TITLE	VD ☒ Change ☐ Addition
NAME	**KEENAN, H. KENNETH**	22 NAME	KEENAN, H. KENNETH
STREET ADDRESS	**RT. 7 BOX 622T**	23 STREET ADDRESS	5565 BRADLEY STREET
CITY-ST-ZIP	**PENSACOLA FL**	24 CITY-ST-ZIP	PENSACOLA, FLORIDA 32526
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (9/96)

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: Marshall Keenan PRESID **2/21/97** **904 432-4475**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #