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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90080 019 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 578305

1. Corporation Name
O'KEEFE ARCHITECTS, INC.

Principal Place of Business
2424 CURLEW RD
PALM HARBOR FL 34683
US

Mailing Address
2424 CURLEW RD
PALM HARBOR FL 34683
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/11/1978

4. FEI Number
59-1822001

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution 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

OKEEFE, DENNIS E.
2424 CURLEW RD
PALM HARBOR FL 34683

81 Name

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

83

84 City

FL 85 Zip Code
34683

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 VTD ☐ DELETE
NAME FASSNACHT, JERRY
STREET ADDRESS 1115 ELMENDORF TR
CITY-ST-ZIP TARPON SPRGS, FL 00000-34689

1.1 TITLE ☒ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 34689

TITLE PD ☐ DELETE
NAME O'KEEFE, DENNIS E.
STREET ADDRESS 1226 WEYBRIDGE LN
CITY-ST-ZIP DUNEDIN FL 34698

2.1 TITLE ☒ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 34698

TITLE SD ☐ DELETE
NAME PRITTS, RICHARD
STREET ADDRESS 111 BAYSHORE BLVD, B4
CITY-ST-ZIP CLEARWATER FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 20 St. Andrews Place
3.4 CITY-ST-ZIP Oldsmar FL 34677

TITLE D ☐ DELETE
NAME JONES, DAN
STREET ADDRESS 5333 53RD ST. NORTH
CITY-ST-ZIP ST PETERSBURG FL 33709

4.1 TITLE ☒ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 33709

TITLE D ☐ DELETE
NAME BOWERSOX, JACK
STREET ADDRESS 1669 CLEARWATER HARBOR DR
CITY-ST-ZIP LARGO FL 33770

5.1 TITLE ☒ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 33770

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-99 727-781-5885

CR2E034 (11/98)