

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 611273 (4)

1. Corporation Name

LAROYCE KEENE BUILDERS, INC.



Principal Place of Business

Mailing Address

1302 S COLLINS ST., SUITE C
PLANT CITY FL 33566

1302 S COLLINS ST., SUITE C
PLANT CITY FL 33566

2. Principal Place of Business

2a. Mailing Address

21 5501 N. BAILEY ROAD

26 5501 N. BAILEY ROAD

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27 City & State

23 PLANT CITY, FL

28 PLANT CITY, FL

Zip

Country

Zip

Country

24 33565

25 USA

29 33565

30 USA

9. Name and Address of Current Registered Agent

KEENE, EDWARD L.
5501 NORTH BAILEY ROAD
PLANT CITY FL 33565

3. Date Incorporated or Qual Fed

02/27/1979

3a. Date of Last Report

06/20/1995

4. FEI Number

59-1894171

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

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

MA

EDWARD L. KEENE

7/10/96

Date

12. OFFICERS AND DIRECTORS

TITLE PD
NAME KEENE, EDWARD LAROYCE
STREET ADDRESS 5501 NORTH BAILEY ROAD
CITY-ST-ZIP PLANT CITY FL

☐ DELETE

TITLE SD
NAME KEENE, DEBORAH J.
STREET ADDRESS 5501 NORTH BAILEY ROAD
CITY-ST-ZIP PLANT CITY FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐

Change

☐

Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐

Change

☐

Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐

Change

☐

Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐

Change

☐

Addition

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

☐

Change

☐

Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Edward L. Keene* EDWARD L. KEENE

7/11/96

813-754-7250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR