

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 686152 (0)

1. Corporation Name

KEENE BROS., INC.



Principal Place of Business

4946 LAND O' LAKES BLVD.
LAND O' LAKES FL 34639

Mailing Address

4946 LAND O' LAKES BLVD.
LAND O' LAKES FL 34639

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

08/29/1980

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2037134

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

KEENE, ROBERT D.
9025 BAYOU DR.
TAMPA FL 33628

10. Name and Address of New Registered Agent

81 Name

Keene, Robert D.

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

9118 Ehren Cutoff

83

84 City

Land O' Lakes

FL

85

34639

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

Robert D. Keene

Robert D. Keene (P)

1/17/96

Signature typed or printed name of registered agent and time of appointment

Date of Appointment and Signature of Corporation (including

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PS
KEENE, ROBERT D.
9025 BAYOU DR.
TAMPA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S
KEENE, RONELLE B
1060 ARLANIE RD
BROOKSVILLE FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

S
~~CHARLES W. McGUIRE~~
~~9118 E. Ehren Cutoff~~
~~Land O' Lakes, FL 34639~~

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

V
Robert D. Keene Jr.
9118 Ehren Cutoff, L.O.L., FL 34639

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

P
Robert D. Keene
9118 Ehren Cutoff
Land O' Lakes, FL 34639

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

S
Lorraine Smith
38721 Granger Lane
Zephyrhills, FL

☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert D. Keene

Robert D. Keene (P)

1/17/96

813-996-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (12/95)