FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Jan 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/29/1980

4. FEI Number: 59-2037134 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

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 ___

9. Name and Address of Current Registered Agent
KEENE, ROBERT D.
9118 EHREN CUTOFF
LAND O'LAKES FL 34639

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 *Robert D. Keene* ROBERT D. KEENE 1-8-98
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	PS	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	KEENE, ROBERT D		1.2 NAME	Keene, Robert D.	
STREET ADDRESS	9025 BAYOY DR.		1.3 STREET ADDRESS	9118 Ehren Cutoff	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Land O' Lakes, FL. 34639	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KEENE, ROBERT D JR.		2.2 NAME		
STREET ADDRESS	9118 EHREN CUTOFF		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAND O'LAKES FL 34639		2.4 CITY-ST-ZIP		
TITLE	M	☒ DELETE	3.1 TITLE	T/D	☒ Change ☐ Addition
NAME	COFFIN, KIMBERLY G		3.2 NAME	Coffin, Kimberly G.	
STREET ADDRESS	7002 N 19TH ST		3.3 STREET ADDRESS	7002 N. 19th St.	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	Tampa, FL. 33610	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

Kimberly G. Coffin 1-8-98 (813)[illegible]