FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **687441** **(6)**

1. Corporation Name

KELLER, WREATH AND ASSOCIATES, INC.

Principal Place of Business

~~3785 US ALT 19 N~~
~~PALM HARBOR FL 34683~~
~~US~~

Mailing Address

1117 SOUTH FLORIDA AVE
TARPON SPRINGS, FL 34689
~~3785 US ALT 19 N~~
~~PALM HARBOR FL 34683~~
~~US~~

3. Date Incorporated or Qualified: **09/11/1980**

3a. Date of Last Report: **06/13/1995**

4. FEI Number: **59-2023512**

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

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

WREATH, C. FRANK
3785 US ALT 19 NORTH
PALM HARBOR FL 33563

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 Section 607.1501 or 617.1501, Florida Statutes, this 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ Date _____

12. OFFICERS AND/OR DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS IN 12	
TITLE	P	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	WREATH, C. FRANK		1 NAME	
STREET ADDRESS	1117 S. FLORIDA AVE.		1 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL		1 CITY-ST-ZIP	
TITLE	V	☒ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	KELLER JR., R. DAVIDSON		2 NAME	
STREET ADDRESS	1870 OAK CREEK DR.		2 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL		2 CITY-ST-ZIP	
TITLE		☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME			3 NAME	
STREET ADDRESS			3 STREET ADDRESS	
CITY-ST-ZIP			3 CITY-ST-ZIP	
TITLE		☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME			4 NAME	
STREET ADDRESS			4 STREET ADDRESS	
CITY-ST-ZIP			4 CITY-ST-ZIP	
TITLE		☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME			5 NAME	
STREET ADDRESS			5 STREET ADDRESS	
CITY-ST-ZIP			5 CITY-ST-ZIP	
TITLE		☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME			6 NAME	
STREET ADDRESS			6 STREET ADDRESS	
CITY-ST-ZIP			6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is true, accurate, and complete. 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 added, above or on an attachment with an "X".

SIGNATURE: C. F. Wreath

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank C. Wreath

Title _____ Date _____

CR2E034 (12/95)