

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90366 004 ***150.00

0061206 AV

DOCUMENT # 855923

1. Entity Name
JOHN H. KEENER & ASSOCIATES, INC.



Principal Place of Business
**150 INDUSTRIAL PARK RD
7
DESTIN FL 32541
US**

Mailing Address
**150 INDUSTRIAL PARK RD
7
DESTIN FL 32541
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **56-1027811**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KEENER, JOHN H.
218 SNAPPER DR.
DESTIN FL 32541**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **KEENER, JOHN H**
STREET ADDRESS **65 MEL KEENER RD**
CITY-ST-ZIP **HIGHLANDS NC**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **KEENER, DON A**
STREET ADDRESS **11 CAHABA LANE**
CITY-ST-ZIP **DESTIN FL**

TITLE ☒ Change ☐ Addition
NAME **5 PAHOKEE LANE**
STREET ADDRESS **DESTIN FL 32541**
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **KEENER, HESTER H.**
STREET ADDRESS **221 BEACH DR**
CITY-ST-ZIP **DESTIN FL**

TITLE ☒ Change ☐ Addition
NAME **ASSISTANT-SECRETARY/TREAS.**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **JOSEPH CARROLL**
STREET ADDRESS **5161 WHITCHURST LN**
CITY-ST-ZIP **CRESTVIEW, FL 32536**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

JOHN H. KEENER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03 850-654-5895
Date Daytime Phone #

CR2E034 (10/02)