

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 # F95000003758 (8)

1. Corporation Name

KELLER INDUSTRIES, INC.



Principal Place of Business

Mailing Address

1209 ORANGE ST.
WILMINGTON DE 19801

1209 ORANGE ST.
WILMINGTON DE 19801

2. Principal Place of Business
21 3499 NW 53 Street
Suite, Apt. #, etc.
22
23 City & State
FORT Lauderdale, FL
24 Zip 33309 Country USA
25
26 3499 NW 53 Street
Suite, Apt. #, etc.
27
28 City & State
FORT Lauderdale, FL
29 Zip 33309 Country USA
30

3. Date Incorporated or Qualified 08/03/1985 1951
3a. Date of Last Report 1-30-95
4. FEI Number APPLIED FOR 59-0656693
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	DOSS, WAYNE	1.2 NAME	DOSS, WAYNE
STREET ADDRESS	1209 ORANGE ST.	1.3 STREET ADDRESS	3499 NW 53 Street
CITY, ST, ZIP	WILMINGTON DE 19801	1.4 CITY, ST, ZIP	Fort Lauderdale, FL 33309
TITLE	VST	2.1 TITLE	VST
NAME	ALLEN, FRED	2.2 NAME	ALLEN, FRED
STREET ADDRESS	1209 ORANGE ST.	2.3 STREET ADDRESS	3499 NW 53 Street
CITY, ST, ZIP	WILMINGTON DE 19801	2.4 CITY, ST, ZIP	Fort Lauderdale, FL 33309
TITLE	D	3.1 TITLE	D
NAME	HERDRICH, DONALD J	3.2 NAME	HERDRICH, DONALD
STREET ADDRESS	1209 ORANGE ST.	3.3 STREET ADDRESS	3499 NW 53 Street
CITY, ST, ZIP	WILMINGTON DE 19801	3.4 CITY, ST, ZIP	Fort Lauderdale, FL 33309
TITLE	D	4.1 TITLE	D
NAME	O'REILLY, PHILLIP A	4.2 NAME	O'REILLY, PHILLIP
STREET ADDRESS	1209 ORANGE ST.	4.3 STREET ADDRESS	3499 NW 53 Street
CITY, ST, ZIP	WILMINGTON DE 19801	4.4 CITY, ST, ZIP	Fort Lauderdale, FL 33309
TITLE		5.1 TITLE	100001740581
NAME		5.2 NAME	-03/12/96--01143--007
STREET ADDRESS		5.3 STREET ADDRESS	***208.75
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-96 (954) 777-2060

Date

Daytime Phone #

CR2E034 (12/95)