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Feb 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F96000002367 (8)

1. Corporation Name  
JOHN T. KECK, INC.



Principal Place of Business: 7310 N. NETTLE SCH. MORRIS IL 60450  
Mailing Address: 7310 N. NETTLE SCH. MORRIS IL 60450

3. Date incorporated or Qualified: 05/10/1996  
3a. Date of Last Report

2. Principal Place of Business: 21 15 Chelsea Dr.  
2a. Mailing Address: 26 15 Chelsea Dr.

4. FEI Number: 36-4016176  
Applied For: Not Applicable

Suite, Apt. #, etc. (blank)

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

City & State: 23 Ft. Walton Beach, FL.  
City & State: 28 Ft. Walton Beach, FL.

6. Election Campaign Financing: \$5.00 May Be Added to Fees

Zip: 24 32547 Country: 25 Okaloosa  
Zip: 29 32547 Country: 30 Okaloosa

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [ ] No [X]

9. Name and Address of Current Registered Agent  
KECK, DORIS  
505 AMELIA ST.  
FORT WALTON BEACH FL 32548

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	C KECK, JOHN T [ ] DELETE
NAME	7310 N. NETTLE SCH.
STREET ADDRESS	MORRIS IL 60450
CITY - ST - ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	[ ] Change [ ] Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	[ ] Change [ ] Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	[ ] Change [ ] Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	[ ] Change [ ] Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	[ ] Change [ ] Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	[ ] Change [ ] Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: Sandra B. Mortham SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 2-10-97 Daytime Phone #: 904 862 6128

CR2E034 (9/96)