FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS **1998** DOCUMENT # F9600002367 (8) JOHN T. KECK, INC. Principal Place of Business Maiting Address 15 CHELSEA DR 15 CHELSEA DR FT WALTON BOH FL 32547 FT WALTON BCH FL 32547 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/10/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 36-4016176 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. X Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 KECK, DORIS 505 AMELIA ST. 82 Street Address (P.O. Box Number is Not Acceptable) FORT WALTON BEACH FL 32548 83 84 City 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, typed or printed name of registered agent and title if applicable (NOTF: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE x Change Addition TITLE 1.1 TITLE KECK, JOHN T NAME 12 NAME 7310 N. NETTLE SCH. 15 Chelsea Drive STREET ADDRESS 1.3 STREET ADDRESS MORRIS IL 60450 Ft Walton Bch FL 32547 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST- ZIP DELETE ☐ Change ☐ Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

CITY-ST-ZIP 14. Thereby 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.

5.4 CITY-ST-ZIP

63 STREET ADDRESS

6.1 TITLE

6.2 NAME

CICNIATUDE.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

John Keck

DELETE

(850) 862-6128

Change

Addition