

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G01708

1. Corporation Name

KELLER INVESTMENT PROPERTIES, INC.

Principal Place of Business

34-N PINE GROVE
BELLEAIR FL 33736

Mailing Address

34-N PINE GROVE
BELLEAIR FL 33736

FILED

APR 26 PM 12:14

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Qualified

9-30-82

3. Principal Place of Business

21 101 DRIFTWOOD LANE

Suite, Apt. #, etc.

22

City & State

23 LARGO, FL

Zip

24 33770

Country

25 USA

2a. Mailing Address

26 101 DRIFTWOOD LANE

Suite, Apt. #, etc.

27

City & State

28 LARGO FL

Zip

29 33770

Country

30 USA

4. FEI Number

59-2232509

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRIAN R. KELLER

SUITE 450

18167 US HWY 19 N

CLEARWATER, FL 33764

81 Name

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

101 DRIFTWOOD LANE

83

84 City LARGO

FL

85 Zip Code 33770

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

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

BRIAN R. KELLER

4/23/99

(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE

NAME BRIAN R. KELLER ☐ DELETE

STREET ADDRESS PRES, SECT, TREAS, DIR.

101 DRIFTWOOD LANE

CITY-STATE-ZIP LARGO, FL 33770 ☐ DELETE

TITLE

NAME ☐ DELETE

STREET ADDRESS

CITY-STATE-ZIP ☐ DELETE

TITLE

NAME ☐ DELETE

STREET ADDRESS

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CITY-STATE-ZIP ☐ DELETE

TITLE

NAME ☐ DELETE

STREET ADDRESS

CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS 101 DRIFTWOOD LANE

14 CITY-STATE-ZIP LARGO, FL 33770 ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other the empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN R. KELLER

Date

Daytime Phone #

4/23/99 (927) 403-9969

CR2E034 (11/98)