

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**95 APR -7 AM 10: 53**

**DOCUMENT # G28698 (0)**  
1. Corporation Name  
**TED KELLER, INC.**

Principal Place of Business Mailing Address  
**C/O LOREN THEODORE KELLER** **C/O LOREN THEODORE KELLER**  
**201 MARSHSIDE DRIVE** **201 MARSHSIDE DRIVE**  
**ST. AUGUSTINE FL 32084** **ST. AUGUSTINE FL 32084**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		03/21/1983	05/19/1994
22		27		4. FEI Number	Applied For
23		28		59-2280323	Not Applicable
24		29		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26		31		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>KELLER, LOREN THEODORE</b> <b>201 MARSHSIDE DRIVE</b> <b>ST. AUGUSTINE FL 32084</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLER, LOREN THEODORE	1.2 NAME	JEFFREY SCOTT KELLER
STREET ADDRESS	201 MARSHSIDE DR	1.3 STREET ADDRESS	846 ANASTASIA BLVD
CITY - ST - ZIP	ST. AUGUSTINE FL	1.4 CITY - ST - ZIP	ST AUGUSTINE, FL 32084
TITLE	VP	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLER, JEFFREY SCOTT	2.2 NAME	LOREN THEODORE KELLER
STREET ADDRESS	201 MARSHSIDE DR	2.3 STREET ADDRESS	201 MARSHSIDE DR
CITY - ST - ZIP	ST. AUGUSTINE FL	2.4 CITY - ST - ZIP	ST AUGUSTINE, FL 32084
TITLE		3.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	DAISY E. KELLER
STREET ADDRESS		3.3 STREET ADDRESS	201 MARSHSIDE DRIVE
CITY - ST - ZIP		3.4 CITY - ST - ZIP	ST AUGUSTINE, FL 32084
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 110.07(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 if changed, or on an attachment with an address.

**SIGNATURE: LOREN T KELLER VP** *[Signature]* **4/4/95 (904) 826-0299**  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #