

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G28698** (0)

1. Corporation Name
TED KELLER, INC.



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

3. Date Incorporated or Qualified: **03/21/1983**
3a. Date of Last Report: **04/07/1995**
4. FEI Number: **59-2280323**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **5293 Atlantic View, St Augustine, FL, Florida, 32084, St Johns**
2a. Mailing Address: **same**

9. Name and Address of Current Registered Agent: **KELLER, LOREN THEODORE, 201 MARSHSIDE DRIVE, ST. AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent: **Jeffrey Keller, 5293 Atlantic View, St Augustine, Florida, FL 32084**

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 agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	KELLER, JEFFREY S.	<input checked="" type="checkbox"/>
STREET ADDRESS	846 ANASTASIA BLVD	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KELLER, LOREN T.	
STREET ADDRESS	201 MARSHSIDE DR	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KELLER, DAISY E.	
STREET ADDRESS	201 MARSHSIDE DR.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Tammy Lane	
STREET ADDRESS	5293 Atlantic View	
CITY-ST-ZIP	St Augustine, FL, 32084	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Treasurer
4.3 STREET ADDRESS	Tammy Lane
4.4 CITY-ST-ZIP	5293 Atlantic View, St Augustine, FL 32084
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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)(c), 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: *[Signature]* DATE: **4/26** 904 826-0299

CR2E034 (12/95)