

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

APPROVED
AND
FILED

95 APR 27 PM 2:10

DOCUMENT # **G44426** (6)

1. Corporation Name

KEYSTONE PROPERTIES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

243 ARLINGTON RD. N. #1A
P.O. BOX 11498
JACKSONVILLE FL 32239

Mailing Address

243 ARLINGTON RD. N. #1A
P.O. BOX 11498
JACKSONVILLE FL 32239

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/15/1983

3a. Date of Last Report

04/18/1994

4. FEI Number

59-2315541

Applied

Not App

5. Certificate of Status Desired

☐

\$8.75 Additl.
Fee Require

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May 8
Added to Fees

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

MAXWELL, RONALD W.
4811 ATLANTIC BLVD., SUITE 4
JACKSONVILLE FL 32207-9129

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME KNEE, RONALD
STREET ADDRESS 10777 EXECUTIVE DR
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE D
NAME KNEE, PATRICIA D.
STREET ADDRESS 10777 EXECUTIVE DRIVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 no address.

SIGNATURE:

RONALD P. KNEE *Ron Knee*

(SIGNATURE AND TYPE) ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/95

904/724-4866

DATE

Telephone Number