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 25 AM 7:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G70341** **(4)**

1. Corporation Name
KEYSER ENTERPRISES, INC.

Principal Place of Business	Mailing Address
RT 1, BOX 194-B ROXBORO NC 27573	RT 1, BOX 194-B ROXBORO NC 27573

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/16/1983
3a. Date of Last Report: 03/25/1994

2. Principal Place of Business	2a. Mailing Address
21	26 148 KEYSER LANE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 ROXBORO N.C.
Zip 24 / Country 25	Zip 29 27573 / Country 30 PERSON

4. FEI Number: 59-2344474 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FREEMAN, THOMAS G ESQ 1009 HWY 436 P O BOX 70 ALTAMONTE SPRINGS FL 32715-0070	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 _____ 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	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	KEYSER, DAVID T	1.2 NAME	KEYSER, DAVID T	
STREET ADDRESS	RT 1 BOX 194B	1.3 STREET ADDRESS	148 KEYSER LANE	
CITY-ST-ZIP	ROXBORO NC	1.4 CITY-ST-ZIP	ROXBORO NC 27573	
TITLE	DVP	2.1 TITLE	DVP	☒ Change ☐ Addition
NAME	KEYSER, JAMES D.	2.2 NAME	KEYSER, JAMES D.	
STREET ADDRESS	RT 1 BOX 194B	2.3 STREET ADDRESS	10 KEYSER LANE	
CITY-ST-ZIP	ROXBORO NC	2.4 CITY-ST-ZIP	ROXBORO NC 27573	
TITLE	DVP	3.1 TITLE	DVP	☐ Change ☒ Addition
NAME	KEYSER, HELEN E.	3.2 NAME	COLLINS, RONALD J.	
STREET ADDRESS	RT 1 BOX 194B	3.3 STREET ADDRESS	75 KEYSER LANE	
CITY-ST-ZIP	ROXBORO NC	3.4 CITY-ST-ZIP	ROXBORO NC 27573	
TITLE	S	4.1 TITLE	S	☒ Change ☐ Addition
NAME	COLLINS, JILL M. KEYSER	4.2 NAME	COLLINS, JILL M. KEYSER	
STREET ADDRESS	RTE 1 BOX 194-C	4.3 STREET ADDRESS	75 KEYSER LANE	
CITY-ST-ZIP	ROXBORO NC	4.4 CITY-ST-ZIP	ROXBORO	
TITLE	T	5.1 TITLE	T	☒ Change ☐ Addition
NAME	KEYSER, BONNIE M	5.2 NAME	KEYSER, BONNIE M	
STREET ADDRESS	RTE 1 BOX 194-B	5.3 STREET ADDRESS	148 KEYSER LANE	
CITY-ST-ZIP	ROXBORO NC	5.4 CITY-ST-ZIP	ROXBORO NC 27573	
TITLE		6.1 TITLE		☐ Change ☐ 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 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 an address.

SIGNATURE: D. T. Keyser DAVID T. KEYSER 4/18/95 910 591-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FH