FILED

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90081 001 ***150.00

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

CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G70341 1. Corporation Name

KEYSER ENTERPRISES INC.

KETOEN	ENTERFRIGES, INC.						
Principal Place	of Business	Mailing Address					
18 KEYSER LA		148 KEYSER LANE					
NOXBORO NC 27573 ROXBORO NC 27573 IS US					DO NOT WRITE IN THIS SPACE		
3		03			3. Date Incorporated or Qualifed		
					11/16/1983		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
		26			59-2344474		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.0	0 May Be
	•	28			Trust Fund Contribution	T	d to Fees
Zip	Country	Zip	Countr	y	8. This corporation owes the current year	Intangible	
ו	25	29	[30]		Personal Properly Tax.	☐ Yes	<u> </u>
	9. Name and Address of Cui	rent Registered Agent			10. Name and Address of New Register	ed Agent	
				Name			
FREEMAN, THOMAS G ESQ 1009 HWY 436			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
P O BOX 70			83	 	<u> </u>		
ALTAMONTE SPRINGS FL 32715-0070							
74.11	1101112 01111100 12 021 10		84	City		21 85 Zi	p Code
agent. I ai SIGNATURE	m familiar with, and accept the ob	ligations of, Section 607.0505, Fk	orida Statute	s	ration's board of directors. I hereby accept the ap		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
IIILE	PD	[, T DELETE	1 1 TITLE		VICE- PRES	Chang	e 🔲 Addition
NAME	KEYSER, DAVID T				KEYSER, DAVID T		
STREET ADDRESS	148 KEYSER LANE		1.3 STRE		148 KEYSER LANG		
CITY-ST-ZIP	ROXBORO NC		14 CITY	I	ROX BORD NC 21573		
TITLE	DVP	DELETE 21			PRES.	[Denang	je 🗌 Additioi
VAME	COLLINS, RONALD J		2.2 NAME		RONALD J. COLLINS		
STREET ADORESS	75 KEYSER LANE		23 STRE	ET ADDRESS	15 KEYSER LANG		
CITY-ST-ZIP	ROXBORO NC		2 4 CITY	ST-ZIP	ROXBORD NC 27573		
ITTLE	S					☐ Cnang	je 🔲 Addilio
NAME	COLLINS, JILL M. KEYSER		3.2 NAME				
STREET ADDRESS	75 KEYSER LANE		33STRE	ET ADDRESS			
CITY-ST-ZIP			34 CiTY				
TITLE	T	☐ DELETE 4.1				☐ Chang	je 🗌 Additio
LAME	KEYSER, BONNIE M		4 2 NAM	i			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	ROXBORO NC		44 CITY-				
TITLE		[] DELETE	5 1 TITLE	- 1		☐ Chang	ge 🔲 Additio
NAME			5.2 NAME				
STREET ADDRESS			53 STRE	ET ADDRESS			

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

6.2 NAME

54 CITY-ST-ZIP

63 STREET ADDRESS

64 CITY - ST - ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

IGNING OFFICER OR DIRECTOR

DELETE

MG-Ch 15 1959 336-597-5300

Charge

Addition