

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # K34453
1. Corporation Name
JOHN KEELING CONSULTING, INC.

(6)



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
3919 AMBASSADOR DR PALM HARBOR FL 34685 US		3919 AMBASSADOR DR PALM HARBOR FL 34685 US	
2. Principal Place of Business		2a. Mailing Address	
21 1282 KINGSWAY LANE		26 1282 KINGSWAY LANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State 23 TARPON SPRINGS FL		City & State 28 TARPON SPRINGS FL	
Zip 24 34689		Zip 29 34689	
Country 25 USA		Country 30 USA	

3. Date Incorporated or Qualified 09/26/1988	
4. FEI Number 59-2918719	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KEELING, JOHN 3919 AMBASSADOR DR PALM HARBOR FL 34685		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable) 1282 KINGSWAY LANE	
		83	
		84 City TARPON SPRINGS FL 85 Zip Code 34689	

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVS <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEELING, JOHN	1.2 NAME	
STREET ADDRESS	3919 AMBASSADOR DR	1.3 STREET ADDRESS	1282 KINGSWAY LANE
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	TARPON SPRINGS FL 34689
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEELING, JOHN	2.2 NAME	1282 KINGSWAY LANE
STREET ADDRESS	3919 AMBASSADOR DR	2.3 STREET ADDRESS	TARPON SPRINGS FL 34689
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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.

SIGNATURE:

JOHN E. KEELING

4/14/98

813-938-4844

CR2E034 (10/97)