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

PROFIT CORPORATION ANNUAL REPORT



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

 1996	

DOCUM 1, Corporation N		# K353	69	(3)							
KEEGAI		S, INC.									
Principal Place o	of Business		Mailin	g Address					I FOLK FOLK OF	II OIQEI O	(DI) 53031 DIDI( 1684
% JACK R. UF 5514 N DAVIS PENSACOLA F	HWY STE	108	551	JACK R. UPCHURC 4 NO DAVIS HWY NSACOLA FL 32503	STE 108						
V 2.110.110025 1	2 02000		US		,			3. Date Incorporated or Qualified 09/29/1988	3a. Date	of Last 2/07/	•
2. Principal Plac	e of Busin	ess	<u> </u>	aling Address	<del></del>			4. FEI Number			Applied For
Suite, Apt. #,	etc		26 S	iite, Apt. #, etc.	<del></del>		<del></del>	59-2910376		60.	Not Applicable 75 Additional
22	, ctc		27	into, rypt. in, oto.				5. Certificate of Status Desired			e Required
City & State			<b>28</b>	ty & State				Election Campaign Financing     Trust Fund Contribution			.00 May Be
Zip		Country	<b>28</b>	p	Coun	try		This corporation has liability for its corporation as the second control of the sec			ded to Fees
24		25	29		30			Florida Statutes X Yes	□No		
	9. Name	and Address of Curr	ent Register	ed Agent		81		10. Name and Address of New R	egistered	Agent	
UPCHUR	CH IAC	V D					Name				
5514 N. I					[*	B2	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
SUITE 10					Į	83					<del></del>
PENSAC	OLA FL 3	2503			-  -	84	City			85	Zip Code
							·		FL		
<ol> <li>Pursuant to or registered</li> </ol>	i the provisi d agent, or	ions of Sections 607.05 both, in the State of Fig	02 and 607.1. Máa. Such ch	508, Florida Statute ynge was authoriz	es, the abov ed by the co	e-na orpo	amed corpora oration's board	ation submits this statement for the pur d of directors. I hereby accept the appo	pose of cha pintment as	nging it registe	is registered office red agent. I am
	, and adde	pt the obligations of, Se	ction 607.0	05, Florida Statutes							
SIGNATURE	Ignature typed	or printed name or registered ag	ant and title if appro-	able (NO	TE: Registered A	 Vgent	t signature required	when remistating)	DATE		
12.		OFFICERS A	ND DIRECTO		13.			ADDITIONS/CHANGES TO OFF			
TITLE	P\$T	IDOLL MOV D		DELETE	1.4 111				Į	Chang	ge 🔲 Addition
NAME STREET ADDRESS		JRCH, JACK R. I. DAVIS HWY, SUIT	E 109		1.2 NAA		IDDSGGG				
CITY-ST-ZIP		COLA FL	L 100		1.3 SIN		ADDRESS				
TITLE				DELETE	2 1 111		1.514		[	Chang	ge 🔲 Addit:on
NAME					2.2 NAV	A÷					
STREET ADDRESS					2 3 S1R	£61 <i>8</i>	ADDRESS				
CITY - ST - ZIP				TO OF STE	2.4 CIT1		1 - ZIP				
TITLE				DELETE	3 1 747				Ĺ	Chang	ge 🔲 Addition
NAME STREET ADDRESS					3 2 NAM		ADDRESS				
City-St-ZiP					3.3.31r						
TITLE				DELETE	4 1 111				[	Chang	ge 🔲 Addition
NAME					4.2 NAA	ΛĒ					
STREET ADDRESS					4 3 STR	EET /	ADDRESS				
CITY-S1-2IP					4.4 CIT1		T - ZIP	COLUMN / ALL THE LE LABOR			
TITLE				DETEIE	5 1 TiT				L	Chang	ge 🔲 Addition
NAME					5.2 NAN		ADDRECO				
STREET ADDRESS CITY-ST-ZIP					5 4 CIT1		ADDRESS C- 716				
TITLE				DELETE	6 1 TiT				[	Chang	ge 🔲 Addition
NAME					6.2 NAV	AE			_		
STREET ADDRESS					63 \$1R	EET /	ADDRESS				
CITY-ST-ZIP					6.4 Cill						
certify that t oath; that I a	the informa am an offic	ition indicated on this ar	inual report or poration or th	r supplemental ann e ryceiver or truste	ual report is e empowere	true	e and accurat	or the exemption stated in Section 119. te and that my signature shall have the s report as required by Chapter 607, Fli	same legal	effect a	s if made under

SIGNATURE:

JUL JULIAN Jack Upchurch

3/14/96

(904)474-0990

Daytime Phone #

CR2E034 (12/95)