

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90258 013 ***150.00

DOCUMENT # K35369

1. Entity Name
KEEGAN TEMPS, INC.



Principal Place of Business
**5700 N DAVIS HWY #7
PENSACOLA FL 32503
US**

Mailing Address
**5700 N DAVIS HWY #7
PENSACOLA FL 32503
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2910376**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LINN M. KNIPP
5514 N. DAVIS HIGHWAY
STE 108
PENSACOLA FL 32503**

7. Name and Address of New Registered Agent

Name **Linn M. FARRIOR**
Street Address (P.O. Box Number is Not Acceptable) **5700 N. Davis Highway**
Suite 7
City **Pensacola** FL Zip Code **32503**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PST	☐ Delete
NAME	LINN M. KNIPP	name + address change
STREET ADDRESS	4051 E OLIVE RD. # 238	same person
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	☒ Change ☐ Addition
NAME	Linn M. FARRIOR	
STREET ADDRESS	11812 OLD COURSE RD.	
CITY-ST-ZIP	can't remember FL 32533	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

QUINN R. FARRIOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25034 (10/02)

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
 TYPE IN UPPER CASE
 USE BLACK INK

This license not valid unless seal of Clerk,
 Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

Attachment
 10020438
 R35369

2002 ML 001815

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) KEITH WILLIAM FARRIOR			2. DATE OF BIRTH (Month, Day, Year) 11/10/1952	
3a. RESIDENCE - CITY, TOWN OR LOCATION PENSACOLA	3b. COUNTY ESCAMBIA	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) FLORIDA	
5a. BRIDE'S NAME (First, Middle, Last) LINN MARIE KNIPP		5b. MAIDEN SURNAME (If different) OUTHOUSE		6. DATE OF BIRTH (Month, Day, Year) 08/21/1957
7a. RESIDENCE - CITY, TOWN, OR LOCATION PENSACOLA	7b. COUNTY ESCAMBIA	7c. STATE FLORIDA	8. BIRTHPLACE (State or Foreign Country) NEW YORK	

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Keith William Farrow</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 07/09/2002
11. TITLE OF OFFICIAL CLERK OF COURTS	12. SIGNATURE OF OFFICIAL (Use black ink) <i>Cindy Rhodes</i> DEPUTY CLERK
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Linn Marie Knipp</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 07/09/2002
15. TITLE OF OFFICIAL CLERK OF COURTS	16. SIGNATURE OF OFFICIAL (Use black ink) <i>Cindy Rhodes</i> DEPUTY CLERK

LICENSE TO MARRY

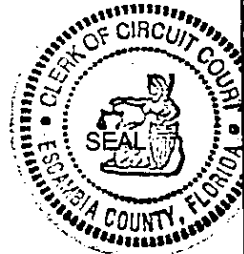
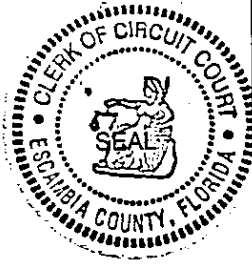
AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE ESCAMBIA	18. DATE LICENSE ISSUED 07/09/2002	18a. DATE LICENSE EFFECTIVE 07/12/2002	19. EXPIRATION DATE 09/10/2002
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>Ernie Lee Magaha</i>		20b. TITLE CLERK OF COURTS	20c. BY D.C. <i>CHH</i>

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) 8-20-02	22. CITY, TOWN, OR LOCATION OF MARRIAGE Blue Mountain Beach, FL		
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Shallan Johnson</i>		23c. ADDRESS (Of person performing ceremony) 434 Cumberland Ave Gulf Breeze, FL 32561	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or name and title of officiant) Commission # 00836003 Expires Nov. 21, 2003 Bonded Thru Atlantic Bonding Co., Inc.		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Shonamie Rozen</i>	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>S. Wayne Forries</i>	



SEAL

