2003 FOR PROFIT CORPORATION

FILED Feb 13, 2003 8:00 am UNIFORM BUSINESS REPORT (UBF Secretary of State K35369 **DOCUMENT #** 02-13-2003 90258 013 ***150.00 1. Entity Name KEEGAN TEMPS, INC. Mailing Address Principal Place of Business 5700 N DAVIS HWY #7 5700 N DAVIS HWY #7 PENSACOLA FL 32503 PENSACOLA FL 32503 HS 3. Mailing Address 2. Principal Place of Business ☐ CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-2910376 City & State Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Country Zip Fee Required 7: Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LINN M. KNIPP 5514 N. DAVIS HIGHWAY STE 108 PENSACOLA FL 32503 City 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. DATE (NOTE: Registered Agent signature required when reinstating) SIGNATURE Signature, typed or printed name of registered agent and title if applicable. **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 _Trust Fund Contribution._ Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 10. Change Addition TITLE LIMM M. FARRIOR TITLE 4 AND20SD NAME LINN M. KNIPP NAME STREET ADDRESS 4051 E OLIVE RD. # 238 STREET ADDRESS canton ment - FL CITY-ST-ZIP PENSACOLA FL 32514 CITY-ST-ZIP ☐ Change TITLE 🔲 Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME

I hereby certify that the information supplied with this filling 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

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

20/01/ 15/03/C

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.

Affachment 10020438 1235369

(STATE FILE NUMBER)

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	(APPLICATION NU	IMREH)	DUCATION	TO MAI	RRV			· · · · · · · · · · · · · · · · · · ·		
1. GROOM'S NAME (First, Middle, Last) KEITH WILLIAM FARRIOR							2. DATE OF BIRTH (Month, Day, Year) 11/10/1952 4. BIRTHPLACE (State or Foreign Country)			
3a. RESIDENCE - CITY, TO	3b. COUNTY ESCAMBIA		FL	3c. STATE FLORIDA		FLORI	DA	r		
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 8. BIRTHPLACE (State or Foreign Country)			
7a. RESIDENCE - CITY, TO		7b. COUNTY -ESCAMB			TATE ORIDA		-NEW-YO	DRK		
STATE OF STA	ON THIS I NOR TH 9. SIGNATURE OF GROOM (SI	PPLICANTS NAMED II RECORD IS CORRECT E ISSUANCE OF A LIC gn full name using	T TO THE BEST OF C SENSE TO AUTHORIZ	UR KNOWLED	S KNOWN TO US 10. SUBSCRIB 07/09/	AND HEREBY APPLY ED AND SWORN	FOR LICENSE TO	MARRY.		
	11CTITLE OF OFFICIAL CLERK OF COURTS 13. SIGNATURE OF BRIDE (Sign full name using black ink) MUCH HOLL 15. TITLE OF OFFICIAL				12. SIGNATURE OF OFFICIAL (Use black ink) DEPUTY CLERK 14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 07/09/2002 16. SIGNATURE OF OFFICIAL (Use black ink) DEPUTY CLERK					
. Alltho	TO ANY				CENSE TO MARRY ORDERON DILLY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM					
OF CIRCUIT CO.	A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA A BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFO 18. DATE LICE!			RE THE EXPIRATION DATE IN THE STATE OF FLOI NSE ISSUED 18a. DATE LICENSE			RIDA IN ORDER TO BE RECORDED AND VALID. E EFFECTIVE 19. EXPIRATION DATE			
SEAL	20a. SIGNATURE OF COURT CLERK OR JUDGE					OF COUR		20c. BY	D.C.	
COUNTY STATE	CERTIFICATE OF MARRIAGE									
Manage Park	1 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) 22. CITY, TOWN, OR LOCATION OF MARRIAGE 8 20 - 00 - 00 - 00 - 00 - 00 - 00 - 0									
' SEAL	239 GIGNATURE OF PERSON PERFORMING CEREMONY (Use to 23b. N. 27b. Or PERSON PERFORMING CEREMONY (Use to 23b. N. 27b. Or PERSON PERFORMING CEREMONY (Or note) Set 12 Expires Nov.: 21, 2003			23c. ADDRESS (Of person performing ceremony) 434 Cumberland We Gulf Breeze, FC 24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) 25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)						
		nded Thru Bonding Co., Inc.		•••	25. SIGNATU	HE OF WITNESS	TO CEHEMONY	Torre	<u> </u>	

CERTIFIED TO BE A TRUE COPY DE THE BRIGINAL ON FILE IN THIS OFFICE YITMESS MY HAND AND OFFICIAL SEAL ERME LEE MAGAHA, CLERK BCHE COURT AND COUNTY COURT