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

☐ CHECK HERE IF MAKING CHANGES

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

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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LINN M. KNIPP 4051 E OLIVE RD. # 238 PENSACOLA FL 32514 ☐ Delete name + Address change → same person	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Linn M. FARRIOR 11812 OLD COURSE RD. cantonment, FL 32533 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: [signature] 2/4/03 850-478-7450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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.

Attachment 10020438

K35369

(STATE FILE NUMBER)

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): ▶ Keith William Farrior	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): ▶ Cindy G Rhodes DEPUTY CLERK
13. SIGNATURE OF BRIDE (Sign full name using black ink): ▶ Linn Marie Knipp	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): ▶ Cindy G Rhodes DEPUTY CLERK

CLERK OF CIRCUIT COURT • SEAL • ESCAMBIA COUNTY, FLORIDA

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	18. DATE LICENSE ISSUED	18a. DATE LICENSE EFFECTIVE	19. EXPIRATION DATE
ESCAMBIA	07/09/2002	07/12/2002	09/10/2002

20a. SIGNATURE OF COURT CLERK OR JUDGE	20b. TITLE	20c. BY D.C.
▶ Ernie Lee Magaha	CLERK OF COURTS	Chf

CLERK OF CIRCUIT COURT • SEAL • ESCAMBIA COUNTY, FLORIDA

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)	22. CITY, TOWN, OR LOCATION OF MARRIAGE
8-20-02	Blue Mountain Beach FL

23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink)	23c. ADDRESS (Of person performing ceremony)
▶ Shelley Wadkinson	434 Cumberland Ave Gulf Breeze, FL 32561
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp)	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)
Shelley Wadkinson Commission # CC 858005 Expires Nov. 21, 2003 Bonded Thru Atlantic Bonding Co., Inc.	▶ Shannie Rogers
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)
	▶ L. Wayne Farries

SEAL

"CERTIFIED TO BE A TRUE COPY OF THE ORIGINAL ON FILE IN THIS OFFICE WITNESS MY HAND AND OFFICIAL SEAL ERNIE LEE MAGAHA, CLERK CIRCUIT COURT AND COUNTY COURT ESCAMBIA COUNTY, FLORIDA"

CLERK OF CIRCUIT COURT • ESCAMBIA COUNTY, FLORIDA

By: _____ D.C.