

DOCUMENT # K78617

1. Entity Name  
KEITH D. RHODEN, INC.

Principal Place of Business  
% KEITH D. RHODEN  
NORTH FIFTH STREET RT 2. BOX 796F  
MACCLENNY FL 32063

Mailing Address  
% KEITH D. RHODEN  
NORTH FIFTH STREET RT 2. BOX 796F  
MACCLENNY FL 32063

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
11582 N. 228  
City & State  
MACCLENNY, FL  
Zip  
32063

Suite, Apt. #, etc.  
11582 N. 228  
City & State  
MACCLENNY, FL  
Zip  
32063



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2938795  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RHODEN, KEITH D.  
NORTH FIFTH STREET  
RT 2 BOX 796F  
MACCLENNY FL 32063

7. Name and Address of New Registered Agent

Name (SAME)  
Street Address (P.O. Box Number is Not Acceptable)  
11582 N. STATE RD. 228  
City MACCLENNY FL Zip Code 32063

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.

SIGNATURE Keith D. Rhoden KEITH D. RHODEN 1/6/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PST	RHODEN, KEITH D.	RT 2, BOX 796F - N 5TH ST	MACCLENNY FL	<input checked="" type="checkbox"/>
D	RHODEN, KEITH D.	RT 2, BOX 796F - N 5TH ST	MACCLENNY FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PST	(SAME)	11582 N. 228	MACCLENNY, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	(SAME)	11582 N. 228	MACCLENNY, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Keith D. Rhoden KEITH D. RHODEN 1/6/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)