

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # L51737 (9)

1. Corporation Name

KEEVAN DEVELOPMENT CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -2 PM 4:18

Principal Place of Business

Mailing Address

6241 WAXMYRTLE WAY
NAPLES FL 33942
US

6241 WAXMYRTLE WAY
NAPLES FL 33942
US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

2a. Mailing Address

21 7702 SANTA MARGHERITA WAY
Suite, Apt. #, etc.

26 7702 SANTA MARGHERITA WAY
Suite, Apt. #, etc.

22 NAPLES, FL 33942
City & State

27 NAPLES FL
City & State

23 33942 Collier FL USA
Zip Country

28 33942 U.S.A.
Zip Country

24 33942

25

29

30

3. Date Incorporated or Qualified

02/21/1990

3a. Date of Last Report

10/05/1994

4. FEI Number

65-0199993

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEEVAN, LYNNE

6241 WAXMYRTLE WAY
NAPLES FL 33942

81 Name

LYNNE KEEVAN

82 Street Address (P.O. Box Number is Not Acceptable)

7702 SANTA MARGHERITA WAY

83

NAPLES

FL

33942

84 City

FL

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST
NAME KEEVAN, PATRICK F.
STREET ADDRESS 6241 WAXMYRTLE WAY
CITY-ST-ZIP NAPLES FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

7702 SANTA MARGHERITA WAY
NAPLES, FL 33942

TITLE D
NAME KEEVAN, PATRICK F.
STREET ADDRESS 6241 WAXMYRTLE WAY
CITY-ST-ZIP NAPLES FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

7702 SANTA MARGHERITA WAY
NAPLES, FL 33942

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

P. F. KEEVAN PATRICK F. KEEVAN

1-27-95

(813) 594-1622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #