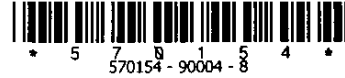


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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90167 038 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000001369					
Corporation Name KEEPERS OF THE SPRING, INC.					
Principal Place of Business ONE BEACH DRIVE SE. #2211 ST. PETERSBURG FL 33701			Mailing Address ONE BEACH DRIVE SE. #2211 ST. PETERSBURG FL 33701		



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2. Principal Place of Business 21 5116-C Beach Dr SE Suite, Apt. #, etc. 22 City & State 23 St Pete, FL Zip 24 33705 Country 25 Pinellas		2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date incorporated or Qualified 03/02/1998 4. FEI Number 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	
9. Name and Address of Current Registered Agent BRUNER, JOANNE ONE BEACH DRIVE SE, #2211 ST. PETERSBURG FL 33701 5116-C Beach Dr South East St Pete, FL 33705			10. Name and Address of New Registered Agent 81 Name JO Anne BRUNER 82 Street Address (P.O. Box Number is Not Acceptable) 5116-C Beach Dr SE 83 St Pete FL City 84 FL 85 Zip Code 33705		

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Reg. agent/Director ☐ DELETE	1.1 TITLE	new address ☒ Change ☐ Addition
NAME	JO Anne BRUNER	1.2 NAME	
STREET ADDRESS	5116-C Beach Dr SE	1.3 STREET ADDRESS	
CITY-ST-ZIP	St Pete FL 33705	1.4 CITY-ST-ZIP	
TITLE	Director ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Barbara Harris	2.2 NAME	
STREET ADDRESS	1 Beach Dr SE #2211	2.3 STREET ADDRESS	
CITY-ST-ZIP	St Pete FL 33701	2.4 CITY-ST-ZIP	
TITLE	Director ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Linda Bux	3.2 NAME	
STREET ADDRESS	510 5th St N #2	3.3 STREET ADDRESS	
CITY-ST-ZIP	St Pete FL 33701	3.4 CITY-ST-ZIP	
TITLE	Secretary ☐ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME	Suzanne Rich	4.2 NAME	
STREET ADDRESS	800 7th Av N	4.3 STREET ADDRESS	
CITY-ST-ZIP	St Pete FL 33702	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 receiver or trustee empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joanne Bruner **SIGNATURE REQUIRED** Joanne E Bruner 4/27/99 (727) 827-9222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)