

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P39906** (3)

1. Corporation Name

**R. H. KEENAN COMPANY**



Principal Place of Business

**3660 SPRING MOUNTAIN ROAD  
ST. HELENA CA 94574**

Mailing Address

**P. O. BOX 3433  
NAPA CA 94558  
US**

2. Principal Place of Business

2a. Mailing Address

|    |                     |         |    |                     |             |
|----|---------------------|---------|----|---------------------|-------------|
| 21 |                     |         | 26 | <b>P.O. BOX 142</b> |             |
| 22 | Suite, Apt. #, etc. |         | 27 | <b>ST. HELENA</b>   |             |
| 23 | City & State        |         | 28 | <b>CA</b>           |             |
| 24 | Zip                 | Country | 29 | Zip                 | Country     |
|    | <b>94574</b>        |         |    | <b>94574</b>        | <b>NAPA</b> |

3. Date Incorporated or Qualified  
**07/29/1992**

3a. Date of Last Report  
**04/03/1995**

4. FET Number  
**94-2682490**

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

|    |                                                    |
|----|----------------------------------------------------|
| 81 | Name                                               |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |                                                    |
| 84 | City                                               |
| 85 | 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

*Sue Ann Mays*

Signature, typed or printed name of registered agent and state of residence

DATE: *3-15-96*

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | <b>P</b>                 | <input type="checkbox"/> DELETE |
| NAME           | <b>KEENAN, ANN S.</b>    |                                 |
| STREET ADDRESS | <b>421 CRESCENT</b>      |                                 |
| CITY-ST-ZIP    | <b>SAN MATEO CA</b>      |                                 |
| TITLE          | <b>VPD</b>               | <input type="checkbox"/> DELETE |
| NAME           | <b>KEENAN, ROBERT H.</b> |                                 |
| STREET ADDRESS | <b>421 CRESCENT</b>      |                                 |
| CITY-ST-ZIP    | <b>SAN MATEO CA</b>      |                                 |
| TITLE          |                          | <input type="checkbox"/> DELETE |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> DELETE |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> DELETE |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |

|                   |                                                                   |
|-------------------|-------------------------------------------------------------------|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |                                                                   |
| 13 STREET ADDRESS |                                                                   |
| 14 CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 21 TITLE          |                                                                   |
| 22 NAME           |                                                                   |
| 23 STREET ADDRESS |                                                                   |
| 24 CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 31 TITLE          |                                                                   |
| 32 NAME           |                                                                   |
| 33 STREET ADDRESS |                                                                   |
| 34 CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 41 TITLE          |                                                                   |
| 42 NAME           |                                                                   |
| 43 STREET ADDRESS |                                                                   |
| 44 CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 51 TITLE          |                                                                   |
| 52 NAME           |                                                                   |
| 53 STREET ADDRESS |                                                                   |
| 54 CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 61 TITLE          |                                                                   |
| 62 NAME           |                                                                   |
| 63 STREET ADDRESS |                                                                   |
| 64 CITY-ST-ZIP    |                                                                   |

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 119.07(3)(g), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-15-96 (1707) 963-9177*

DATE

DATE OF FILING

CR2E034 (12/95)