

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jan 26 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1998**



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

**DOCUMENT # P92000013131 (7)**  
 1. Corporation Name  
**KELLER FINANCIAL SERVICES OF CLEARWATER, INC.**



Principal Place of Business Mailing Address  
**18167 US HWY 19 SUITE 450 CLEARWATER FL 34624 US**  
**18167 US HWY 19 NORTH STE. 450 CLEARWATER FL 34624-6572 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/21/1992	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3155154	
24 33764		29 33764		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>KELLER, BRIAN R</b> <b>18167 US HWY 19 SUITE 450</b> <b>CLEARWATER FL 34624</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL 33764			

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 **Brian R. Keller** 1/6/98  
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	<b>CSTD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>C/P/S/T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KELLER, BRIAN R.</b>	1.2 NAME	
STREET ADDRESS	<b>18167 US HWY 19 SUITE 450</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NIXON, MICHAEL</b>	2.2 NAME	
STREET ADDRESS	<b>18167 US HIGHWAY 19 NORTH, STE. 450</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PINELLAS PARK FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GILLIS, TIMOTHY G.</b>	3.2 NAME	
STREET ADDRESS	<b>18167 US HIGHWAY 19 NORTH, STE 450</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STIFF, GREGORY M</b>	4.2 NAME	
STREET ADDRESS	<b>18167 US HIGHWAY 19 NORTH, STE 450</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALLSTROM, JOHN D.</b>	5.2 NAME	
STREET ADDRESS	<b>18167 US HIGHWAY 19 NORTH, STE. 450</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE **Brian R. Keller, Pres.** 1/6/98 813/524-1400

CR2E034 (10/97)