

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
 AMOUNT DUE ON OR BEFORE 8/8/95: \$275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT
 CORPORATION
 ANNUAL REPORT
 1995



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 JUL -3 AM 8:07

DOCUMENT # P93000009510 (7)

1. Corporation Name
 KEATEN & ASSOCIATES, INC.

Principal Place of Business

2832 LONGLEAF CT.
 KISSIMMEE FL

Mailing Address

2832 LONGLEAF CT.
 KISSIMMEE FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3166067

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
 Added to Fees

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

2. Principal Place of Business

21

2a. Mailing Address

25

State, Apt. #, etc

22

State, Apt. #, etc

27

City & State

23

City & State

28

Zip

County

24

25

Zip

County

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

QUIGLEY, DONNA
 2832 LONGLEAF CT.
 KISSIMMEE FL

81 Name

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

83

84 City

FL

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

Signature of person named in previous block as registered agent or title holder of office

Signature of registered agent or title holder of office

Date

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D
 KEATEN, KIM
 2848 LONGLEAF CT.
 KISSIMMEE FL 34746

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D
 KEATEN, MICHAEL
 2848 LONGLEAF CT.
 KISSIMMEE FL 34746

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D
 QUIGLEY, DONNA
 2832 LONGLEAF CT.
 KISSIMMEE FL 34746

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ 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(1)(a), 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:

Donna A. Quigley, President

6/28/95 (407) 846-6004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number