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

PROFIT CORPORATION ANNUAL REPORT

1997

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000022158 (8)

KEENAN DELIVERY SERVICE, INC.

Principal Place 1773 ANECI S PORT ST. LUC		Mailing Address 1773 ANECI STREET PORT ST. LUCIE FL 34983-4501							
						3. Date Incorporated or Qualified 03/15/1993	I	Pate of Last I /25/1996	Report
2. Principal I	Place of Business	} -¬	2a. Mailing Address			4. FEI Number 65-0395202	Applied For Not Applicable		
Sulte, Apt	. #, etc.	Suite, Apt. #, etc.			Certificate of Status Desired		\$8.75	Additional lequired	
City & Sta	te	City & State	28			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 24	Country 25	Ζφ 29	Oountry 30			8. This corporation has liability for intangible tax under s. 199 032, Florida Statutes Yes No			
	9. Name and Address of Curr	rent Registered Agent		81		10. Name and Address of New R	egistered	Agent	
KEENAN, GEORGE E 1773 ANECI ST PORT ST LUCIE FL 34983				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83					
				84	City		FL	85 Zip	Code
office or	to the provisions of Sections 607.0 registered agent, or both, in the Statem familiar with, and accept the ob-	ate of Horida. Such chance	was authorized	1 by	the coroora	poration submits this statement for the stion's board of directors. I hereby according	purpose o	of changing pointment as	its registered s registered
Signature, typed or printed name of registered agent and little if applicable (NOTE Register 12. OFFICERS AND DIRECTORS					nt signature requ	ned when remstating) ADDITIONS/CHANGES TO OFF	DATE	ID DIBECTO	DC IN 10
TITLE	CEO DELETE			1.1 1171.6		ADDITIONS/OFIANGES TO OFF	OLNO AIV	Change	Addition
NAME	KEENAN, GEORGE E.							<u></u> Спанує	LJ Monton
	477A ALICOLOT			1.2 NAME					
STREET ADDRESS	DODT OF LINGE PI			1.8 STREET ADDRESS 1.4 CHTY-ST-ZIP					
CITY-ST-ZIP TITLE	T	DELETE			I · ZIP	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME	KEENAN, MARITA C		1	2 1 11TLE 2 2 NAME				vigo	
STREET ADDRESS	4990 ANDOLOT				ADDRESS				
DODT OT LUCIE EL				il - ZiP					
TITLE	DELETE 3				·			Change	Addition

3 2 NAME

4.1 TITLE

4.2 NAME

51 THLE

5.2 NAME

6 f THLE

62 NAME

3 8 STREET ADDRESS

4.8 STREET ADDRESS

5.9 STREET ADDRESS

6.8 STREET ADDRESS

5.4 CITY-ST-ZIP

4 # City-St-ZIP

3.4. CITY-ST-ZIP

CITY-ST-ZIP 64 CITY-ST-7IP 14. I do 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name I am an officer or director of the corporation of appears in Block 12 or Block 13 if changed

DELETE

DELFTE

DELETE

Change

Change

Change

Addition

Addition

Addition

FILED

May 02 1997 8:00am

Secretary of State