

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000033256 (7)

1. Corporation Name

KELLER FINANCIAL SERVICES OF PINELLAS, INC.



Principal Place of Business

19329 U.S. HWY 19 NORTH
STE. 710
CLEARWATER FL 34624
US

Mailing Address

19329 U.S. HWY 19 NORTH
STE. 710
CLEARWATER FL 34624
US

2. Principal Place of Business

21 18167 US Hwy. 19 No.

22 Ste. 450

23 Clearwater, FL

24 34624 25 USA

2a. Mailing Address

26 P.O. Box 15007

27 Suite, Apt. #, etc.

28 Clearwater, FL

29 34624 30 USA

3. Date Incorporated or Qualified

05/06/1993

3a. Date of Last Report

07/19/1995

4. FEI Number

59-3180057

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

9. Name and Address of Current Registered Agent

KELLER, BRIAN R
19329 U.S. HWY 19 NORTH
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name

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

83 18167 US Hwy. 19 No.

84 Ste. 450

City Clearwater

FL

85 Zip Code 34624

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

(NOTE: Registered Agent signature required when noted change)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME KELLER, BRIAN R
STREET ADDRESS 19329 U.S. HWY 19 NORTH
CITY-ST-ZIP CLEARWATER FL ☐ DELETE

TITLE D
NAME WATKINS, R L
STREET ADDRESS 19329 U.S. HWY 19 NORTH
CITY-ST-ZIP CLEARWATER FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PS. ☒ Change ☒ Addition

12 NAME 18167 US Hwy. 19 No. Ste. 450

13 STREET ADDRESS Clearwater, FL 34624 ☒ Change ☒ Addition

14 CITY-ST-ZIP UT ☒ Change ☒ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☒ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

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)(k), 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

3/19/96

813-524-1400

CR2E034 (12/95)