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Mar 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

18167 US HWY 19  
SUITE 450  
CLEARWATER FL 34624  
US

Mailing Address

PO BOX 15007  
STE. 710  
CLEARWATER FL 34629-5007  
US

3. Date Incorporated or Qualified  
05/06/1993

3a. Date of Last Report  
03/25/1996

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

2. Principal Place of Business

21 18167 US Hwy. 19 North

22 Suite, Apt. #, etc.  
Suite 450

23 City & State  
Clearwater, FL

24 Zip  
34624-6572

25 Country  
Pinellas

2a. Mailing Address

26 18167 US Hwy. 19 North

27 Suite, Apt. #, etc.  
Suite 450

28 City & State  
Clearwater, FL

29 Zip  
34624-6572

30 Country  
Pinellas

9. Name and Address of Current Registered Agent

KELLER, BRIAN R  
18167 US HWY 19 SUITE 450  
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name  
Keller, Brian R.  
82 Street Address (P.O. Box Number is Not Acceptable)  
18167 US Highway 19 North, Suite 450  
83  
84 City  
Clearwater FL 85 Zip Code  
34624-6572

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

January 9, 1997

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLER, BRIAN R	
STREET ADDRESS	18167 US HWY 19 NO SUITE 450	
CITY - ST - ZIP	CLEARWATER FL 34624	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	WATKINS, R L	
STREET ADDRESS	19329 U.S. HWY 19 NORTH	
CITY - ST - ZIP	CLEARWATER FL 34624	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GILLIS, TIM	
STREET ADDRESS	18167 US HWY 19	
CITY - ST - ZIP	CLEARWATER FL 34624	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Keller, Brian R.	
1.3 STREET ADDRESS	18167 US Highway 19 North, Suite 450	
1.4 CITY - ST - ZIP	Clearwater, FL 34624-6572	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Gillis, Timothy G.	
3.3 STREET ADDRESS	18167 US Highway 19 North, Suite 450	
3.4 CITY - ST - ZIP	Clearwater, FL 34624-6572	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Stiff, Gregory M.	
4.3 STREET ADDRESS	18167 US Highway 19 North, Suite 450	
4.4 CITY - ST - ZIP	Clearwater, FL 34624-6572	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Hallstrom, John D.	
5.3 STREET ADDRESS	18167 US Highway 19 North, Suite 450	
5.4 CITY - ST - ZIP	Clearwater, FL 34624-6572	
6.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Nixon, Michael	
6.3 STREET ADDRESS	18167 US Highway 19 North, Suite 450	
6.4 CITY - ST - ZIP	Clearwater, FL 34624-6572	

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 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  
Brian R. Keller

January 9, 1997

813/524-1400

Date

Daytime Phone #

CR2E034 (9/96)