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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

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Jan 26 1998 8:00am

Secretary of State

1/6/98 813/524-1400

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000033256 (7)

KELLER FINANCIAL SERVICES OF PINELLAS, INC.

				,							
Principal Place of Business 18167 US HWY 19 SUITE450 CLEARWATER FL 34624-6572 US		181 ST(CL)	Mailing Address 18167 US HWY 19 N. STE. 450 CLEARWATER FL 34624-6572 US				DO NOT WRIT				
		ŲS					3. Date Incorporated or Qualified 05/06/1993				
2, Principal P	lace of Business	26.	Mailing Address					4. FEI Number		A	pplied For
21		26						59-3180057		N	ot Applicable
Suite, Apt.	#, etc.	\vdash	Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional
22 City & State		27	City & State								lequired
23	•	28	ony a state				'	Election Campaign Financing Trust Fund Contribution	\Box		May Be to Fees
Zip	Country	1 -	Zip	Cour	ntry			8. This corporation owes or has p	aid the curr		
24 33764	-6572 25			30			<u>-</u>	Personal Property Tax due Jur			□No
	9. Name and Address of Curre	ent Registe	red Agent		T			0. Name and Address of New F	legistered /	igent	
KELLER, BRIAN R					81	Name	t				
18167 US HWY 19 SUITE 450					82	Street.	Address	(P.O. Box Number is Not Accepta	able)		
CLI	EARWATER FL 34624				83						
				ľ	84	City			FL	85 Zip	764
11. Pursuant	to the provisions of Sections 607.05	02 and 607	7 1508, Florida Statute:	s, the ab	ove-	named	corporat	tion submits this statement for the	purpose of	changing i	its registered
office or registered agent, or boyn, 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 adopt the obligations of, Saction 607.0505, Florida Statutes.											
SIGNATURE Brian R									XIXXXXXXX	5X 1/0	6/98
40	Signature, typed or printed name of registured as		· · · · · · · · · · · · · · · · · · ·		Agen	t signature	e required wh	her reinstating)	DATE	DIDECTO	DO IN 40
12.	OFFICERS AF	ND DIRECT	DELETE	13.			TC/P/	ADDITIONS/CHANGES TO OFF		Change	Addition
NAME	KELLER, BRIAN R			12 NAM			0/1/	7 3 / 1 / 1/		C Change	
STREET ADDRESS	18167 US HWY19 NO SUITI	E 450				ADDRESS					
CITY-ST-ZIP	CLEARWATER FL			14 CIT	y - ST	-ZIP					
TITLE	V		△ DELETE	2 1 TITU	.E					Change	Addition
NAME	STIFF, GREGORY M.			2.2 NAM	ΛE						
STREET ADDRESS	18167 US HWY 19 N., STE.	450		1		NDDRESS					
CITY-ST-ZIP	CLEARWATER FL VD		X DELETE	2. 4 CIT		ſ-ZIP				Change	Addition
TITLE NAME	GILLIS, TIMOTHY G.		IN DECEME	3.1 TITL 3.2 NAM						onange	Kudillon
STREET ADDRESS	18167 US HWY 19 N., STE.	450				ADDRESS					
CITY-ST-ZIP	CLEARWATER FL			3.4. CIT							
TITLE	V		X DELETE	4.1 TITL						Change	Addition
NAME	HALLSTROM, JOHN D.			4. 2 NA	ME						
STREET ADDRESS	18167 US HWY 19 N., STE.	450		4.3 STR	EET A	DDRESS					
CITY - ST - ZIP	CLEARWATER FL			4.4 CITY		- ZIP		· · · · · · · · · · · · · · · · · · ·			TT
TITLE	MYON MICHAEL		[X] DELETE	5.1 TITL		ĺ				☐ Change	☐ Addition
NAME OTDERT ADDOCCO	NIXON, MICHAEL 18167 US HWY 19 N.,STE.	450		5.2 NAN		DDDFCC					
STREET ADDRESS CITY-ST-ZIP	CLEARWATER FL	700		5.4 CITY		DDRESS					
TITLE			DELETE	6.1 TITE		- LII	ļ			Change	Addition
NAME				6.2 NAM						-	
STREET ADDRESS				6.3 STR	EET A	DDRESS					
CITY-ST-ZIP				6.4 CITY							
	ertify that the information supplied on this annual report or supplement director of the corporation or the record Block 13 if changed, or on an atti	4-1			46 - 4			L - 11 L	:4 · · ·		1
Block 12 d	or Block 13 if changed, or on arralla	aghinent yil	in an address.								1