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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90011 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000041101

1. Corporation Name
KEENAN INSURANCE AGENCY, INC.



Principal Place of Business 233 N GAUSEWAY STE 0 NEW SMYRNA BEACH FL 32169 US	Mailing Address P O BOX 1967 SUITE 0 NEW SMYRNA BEACH FL 32170 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1009 STAGGERBUSH PL.	2a. Mailing Address 26 P.O. Box 1967
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 NEW SMYRNA BEACH, FL	City & State 28 NEW SMYRNA BEACH, FL
Zip 24 32168	Zip 29 32170
Country 25 US	Country 30 US

3. Date Incorporated or Qualified 06/10/1993	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 13-3729539	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
KEENAN, DANIEL P
~~4150 S. ATLANTIC AVE.~~
~~BLDG. #118B~~
 NEW SMYRNA BEACH FL 32069

10. Name and Address of New Registered Agent
81 Name KEENAN, DANIEL P.
82 Street Address (P.O. Box Number is Not Acceptable) 1009 STAGGERBUSH PL.
83
84 City NEW SMYRNA BEACH FL **85 Zip Code 32168**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	KEENAN, PATRICK SR	
STREET ADDRESS	BOX 1967	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 10965	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KEENAN, DANIEL P	
STREET ADDRESS	4150 S. ATLANTIC BLDG. #118B	
CITY-ST-ZIP	NEW SMYRNA BCH. FL 32169	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1009 STAGGERBUSH PL.
2.4 CITY-ST-ZIP	NEW SMYRNA BCH, FL 32168
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: [Signature] **SIGNATURE REQUIRED** Date: **3/2/99** Daytime Phone #: **904-424-0945**

CR2E034 (1/198)