

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90011 049 \*\*\*150.00

DOCUMENT # P93000041101

1. Corporation Name  
KEENAN INSURANCE AGENCY, INC.

Principal Place of Business  
233 N GAUSEWAY  
STE B  
NEW SMYRNA BEACH FL 32169  
US

Mailing Address  
P O BOX 1967  
SUITE B  
NEW SMYRNA BEACH FL 32170  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1993

4. FEI Number

13-3729539

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1009 STAGGERBUSH PL.  
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 1967  
Suite, Apt. #, etc.

23 City & State  
NEW SMYRNA BEACH, FL

24 Zip 32168 25 Country US

27 City & State  
NEW SMYRNA BEACH, FL

28 Zip 32170 29 Country US

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

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 P ☐ DELETE  
NAME KEENAN, PATRICK SR  
STREET ADDRESS BOX 1967  
CITY-ST-ZIP NEW SMYRNA BEACH FL 10965

TITLE VP ☐ DELETE  
NAME KEENAN, DANIEL P  
STREET ADDRESS 4150 S. ATLANTIC BLDG. #118B  
CITY-ST-ZIP NEW SMYRNA BCH. FL 32169

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

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 1009 STAGGERBUSH PL.  
2.4 CITY-ST-ZIP NEW SMYRNA BCH, FL 32168

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/2/99

904-424-0945

CR2E034 (1/98)