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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 AM 9:17

DOCUMENT # **P93000066997 (6)**

1. Corporation Name
KEELING - LEEBURG INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
503 EAST NEW HAVEN AVE. MELBOURNE FL 32901 US	P. O. BOX 2392 MELBOURNE FL 32902-2392 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/27/1993
3a. Date of Last Report: 08/08/1994

2. Principal Place of Business	2a. Mailing Address
21 114 Holiday Ln.	26 P.O. Box 320852
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Cocoa Beach, FL.	City & State 28 Cocoa Beach, FL.
Zip 24 32931 Country 25 Brevard	Zip 29 32932 Country 30 Brevard

4. FEI Number: 59-3205577 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEEBERG, RICHARD A 503 E. NEW HAVEN DR. MELBOURNE FL 32902	81 Name: Robert E. Keeling Jr. 82 Street Address (P.O. Box Number Is Not Acceptable): 114 Holiday Ln. 83 84 City: Cocoa Beach FL 85 Zip Code: 32931

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: Robert E Keeling II — 5/25/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	KEELING, ROBERT E JR.	12 NAME	
STREET ADDRESS	305 URSA AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	LEEBERG, RICHARD A	22 NAME	Delete Leeberg, Richard A
STREET ADDRESS	1595 S.R. A1A, UNIT 101	23 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BCH. FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Robert E Keeling II — Robert E. Keeling, Jr. — 5/25/95 — (407) 799-0037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0419745 FP