

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JUL 19 AM 10:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000077868 (6)

1. Corporation Name

KELLER FINANCIAL SERVICES OF CENTRAL FLORIDA, IN
C.

Principal Place of Business

Mailing Address

24771 US HWY 19 N
SUITE 710
CLEARWATER FL 34623-3930

24771 US HWY 19 N
SUITE 710
CLEARWATER FL 34623-3930

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/10/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3209462

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

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 19329 U.S. HWY. 19 N
CLEARWATER, FL 34624

2a. Mailing Address

26 19329 U.S. HWY. 19 N
CLEARWATER, FL 34624

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WILLIAMS, MICHAEL T
2503 W GARDNER CT
TAMPA FL 33611

10. Name and Address of New Registered Agent

81 Name

BRIAN R. KELLER

82 Street Address (P.O. Box Number is Not Acceptable)

19329 U.S. HWY. 19 N.

83

84 City

CLEARWATER

FL

85 Zip Code

34624

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 of person providing name of registered agent and fee is acceptable

(NOTE: Registered Agent signature required when registering)

DATE

7/12/95

12. OFFICERS AND DIRECTORS

TITLE D
NAME KELLER, BRIAN R
STREET ADDRESS 17 WINSTON DRIVE
CITY - ST - ZIP CLEARWATER FL 34618

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 19329 U.S. HWY. 19 NORTH
1.4 CITY - ST - ZIP CLEARWATER, FL 34624-3170

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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 error attached with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN R. KELLER, PRES.

Date

(Anytime After 8)

813-524-1400

CR2E034 (3/95)