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Mar 05 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # P94000018787 (9)
 1. Corporation Name
KELLER FINANCIAL SERVICES OF NORTH FLORIDA, INC.



Principal Place of Business
18167 US HWY 19 SUITE 450 CLEARWATER FL 34624 US

Mailing Address
PO BOX 15007 SUITE 710 CLEARWATER FL 34629-5007 US

3. Date Incorporated or Qualified **03/10/1994** 3a. Date of Last Report **03/25/1996**

2. Principal Place of Business
 21 **18167 US Hwy. 19 North**
 Suite, Apt #, etc.
 22 **Suite 450**
 City & State
 23 **Clearwater, FL**
 Zip Country
 24 **34624-6572** 25 **Pinellas**

2a. Mailing Address
 26 **18167 US Hwy. 19 North**
 Suite, Apt #, etc.
 27 **Suite 450**
 City & State
 28 **Clearwater, FL**
 Zip Country
 29 **34624-6572** 30 **Pinellas**

4. FEI Number **59-3236918** 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 s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
KELLER, BRIAN R
18167 US HWY 19 SUITE 450 SUITE 710 CLEARWATER FL 34624

10. Name and Address of New Registered Agent
 81 Name **Keller, Brian R.**
 82 Street Address (P.O. Box Number is Not Acceptable) **18167 US Highway 19 North**
 83 **Suite 450**
 84 City **Clearwater** FL 85 Zip Code **34624-6572**

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 **Brian R. Keller** **January 9, 1997**
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PS <input type="checkbox"/> DELETE
NAME	KELLER, BRIAN R
STREET ADDRESS	18167 US HWY 19 SUITE 450 CLEARWATER FL
CITY- ST- ZIP	
TITLE	VT <input checked="" type="checkbox"/> DELETE
NAME	WATKINS, R. LAMAR
STREET ADDRESS	19329 U.S. HWY 19 NORTH CLEARWATER FL
CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE
NAME	GILLIS, TIM
STREET ADDRESS	18167 US HWY 19 CLEARWATER FL 34624
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	C/S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Keller, Brian R.
1.3 STREET ADDRESS	18167 US Highway 19 North, Suite 450
1.4 CITY- ST- ZIP	Clearwater, FL 34624-6572
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Gillis, Timothy G.
3.3 STREET ADDRESS	18167 US Highway 19 North, Suite 450
3.4 CITY- ST- ZIP	Clearwater, FL 34624-6572
4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Stiff, Gregory M.
4.3 STREET ADDRESS	18167 US Highway 19 North, Suite 450
4.4 CITY- ST- ZIP	Clearwater, FL 34624-6572
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Nixon, Michael
5.3 STREET ADDRESS	18167 US Highway 19 North, Suite 450
5.4 CITY- ST- ZIP	Clearwater, FL 34624-6572
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Hallstrom, John D.
6.3 STREET ADDRESS	18167 US Highway 19 North, Suite 450
6.4 CITY- ST- ZIP	Clearwater, FL 34624-6572

14. I do 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.

SIGNATURE: **Brian R. Keller** **January 9, 1997** 813/524-1400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)