

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000022838 (4)

1. Corporation Name

KELLER FINANCIAL SERVICES OF MID-FLORIDA, INC.



Principal Place of Business

19329 U.S. HWY 19 NORTH
CLEARWATER FL 34624
US

Mailing Address

19329 U.S. HWY 19 NORTH
CLEARWATER FL 34624-3170
US

2. Principal Place of Business

2a. Mailing Address

21 18167 U.S. Hwy. 19 No.

26 P.O. Box 15007

22 Ste. 450

27 Suite, Apt. #, etc.

23 Clearwater, FL

28 Clearwater, FL

24 34624 25 U.S.

29 5007 30 U.S.

9. Name and Address of Current Registered Agent

KELLER, BRIAN R
19329 U.S. HWY 19 NORTH
CLEARWATER FL 34624

81 Name

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

18167 U.S. Hwy. 19 No.

83 Ste. 450

84 City Clearwater

FL

85 Zip Code 34624

3. Date Incorporated or Qualified

03/24/1994

3a. Date of Last Report

07/19/1995

4. FEI Number

59-3239881

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

10. Name and Address of New Registered Agent

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 to whom applicable

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME KELLER, BRIAN R
STREET ADDRESS 19329 U.S. 19 NORTH
CITY- ST- ZIP CLEARWATER FL

☐ DELETE

TITLE D
NAME WATKINS, R. LAMAR
STREET ADDRESS 19329 U.S. HWY 19 NORTH
CITY- ST- ZIP CLEARWATER FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

13.

1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

PS

18167 U.S. Hwy. 19 No, Ste. 450
Clearwater, FL 34624

2.1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

VT

"

3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

D
Gillis, Tim

4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

6.1 TITLE
62 NAME
63 STREET ADDRESS
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)(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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96 813-524-1400

CR2E034 (12/95)