SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUL 18 AM 8:25

DOCUMENT # **P94000029771 (0)**

1. Corporation Name
KEEB INC.

Principal Place of Business	Mailing Address
6981 N. SMITH TERRACE HOLDER FL 34445	6981 N. SMITH TERRACE HOLDER FL 34445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/19/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 6955 N. Smith Terr	26 PO Box 990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Holder FL	City & State 28 Holder FL
Zip 24 34445 Country 25 USA	Zip 29 34445 Country 30 USA

4. FEI Number: 59-3251087 ☐ 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	10. Name and Address of New Registered Agent
KEEBLER, OLTON 6981 N. SMITH TERRACE HOLDER FL 34445	81 Name: Ruth Thomas 82 Street Address (P.O. Box Number is Not Acceptable): 6955 N. Smith Terr 83 84 City: Holder FL 85 Zip Code: 34445

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: Ruth Thomas X Ruth Thomas 6-29-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~	11 TITLE	☑ Change ☐ Addition PSTD
NAME	~~KEEBLER, OLTON~~	12 NAME	Ruth Thomas
STREET ADDRESS	~~6981 N. SMITH TERRACE~~	13 STREET ADDRESS	P.O. Box 990
CITY-ST-ZIP	~~HOLDER FL 34445~~	14 CITY-ST-ZIP	Holder FL 34445
TITLE	~~SD~~	21 TITLE	☐ Change ☐ Addition
NAME	~~OGLES, MARTHA~~	22 NAME	
STREET ADDRESS	~~P.O. BOX 91 N/A~~	23 STREET ADDRESS	
CITY-ST-ZIP	~~HOLDER FL 34445~~	24 CITY-ST-ZIP	
TITLE	~~TD~~	31 TITLE	☐ Change ☐ Addition
NAME	~~CAMPBELL, RUTH~~	32 NAME	
STREET ADDRESS	~~P.O. BOX 31 N/A~~	33 STREET ADDRESS	
CITY-ST-ZIP	~~HOLDER FL 34445~~	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	

CR2E034 (3/95)

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: Ruth Thomas Ruth Thomas 6/29/95 (904)465-4967
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0166978 FP