

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 # P94000038080 (5)

1. Corporation Name

KELLER FINANCIAL SERVICES - SERIES XXII, INC.



Principal Place of Business

18329 U.S. HIGHWAY 19, NORTH
CLEARWATER FL 34624-3170

Mailing Address

18329 U.S. HIGHWAY 19, NORTH
CLEARWATER FL 34624-3170

2. Principal Place of Business

2a. Mailing Address

21 18167 U.S. Hwy. 19 N

26 P.O. Box 15007

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ste. 450

27

City & State

City & State

23 Clearwater, FL

28 Clearwater, FL

Zip

Zip

24 34624

25 U.S.

29 5007

30 U.S.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/20/1994

3a. Date of Last Report

07/19/1995

4. FEI Number

59-3244665

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

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 N

83 Ste. 450

84 City

Clearwater, FL

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when creating change)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME KELLER, BRIAN R
STREET ADDRESS 18329 U.S. HWY 19 NORTH
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

D
NAME WATKIN, R. LAMAR
STREET ADDRESS 18329 U.S. HWY 19 NORTH
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

PS
18167 U.S. Hwy. 19 N. Ste. 450
Clearwater, FL 34624

21 TITLE ☒ Change ☐ Addition

UT
"

31 TITLE ☐ Change ☒ Addition

D
Gillis, Tim
"

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

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)