

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 # P94000048947 (3)

1. Corporation Name

KELLER FINANCIAL SERVICES OF THE GOLD COAST, INC



Principal Place of Business

Mailing Address

19329 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 34624-3170

19329 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 34624-3170

2. Principal Place of Business

2a. Mailing Address

21 18167 U.S. Hwy. 19 No.

26 PO Box 15007

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Apt. 450

27

City & State

City & State

23 Clearwater, FL

28 Clearwater, FL

Zip

Country

Zip

Country

24 34624 25 U.S.

29 5007 30 U.S.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/30/1994

3a. Date of Last Report

07/19/1995

4. FEI Number

59-3267198

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. HIGHWAY 19 NORTH
CLEARWATER FL 34624-3170

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

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 agent is changed.)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME KELLER, BRIAN R
STREET ADDRESS 19329 U.S. HIGHWAY 19 NORTH
CITY-ST-ZIP CLEARWATER FL 34624-3170

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PS
1.2 NAME
1.3 STREET ADDRESS 18167 U.S. Hwy. 19 No. Ste. 450
1.4 CITY-ST-ZIP Clearwater, FL 34624

☒ Change ☒ Addition

2.1 TITLE D V T
2.2 NAME Watkins, R. Lamar
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☒ Addition

3.1 TITLE D
3.2 NAME Gillis, Tim
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

D.L.

Daytime Phone #

CR2E034 (12/95)