CORPORATION
ANNUAL REPORT
1995

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000054556 (3)

1. Corporation Name
JESSE M. KEENE COMPANY, INC.

Principal Place of Business	Mailing Address
PO BOX 6245 JACKSONVILLE FL 32236	PO BOX 6245 JACKSONVILLE FL 32236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/21/1994
3a. Date of Last Report:

2. Principal Place of Business
21 4659 Highway Ave
22 Suite, Apt. #, etc.
23 City & State: Jacksonville Fl
24 Zip: 32254 25 Country: DUVAL

2a. Mailing Address
26
27 Suite, Apt. #, etc: PO Box 6245
28 City & State: Jacksonville Fl
29 Zip: 32236-6245 30 Country: DUVAL

4. FEI Number: 59-325 7512 ☐ 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

KEENE, JESSE M
5371 PARK ST
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

81 Name: KEENE Jesse M
82 Street Address (P.O. Box Number is Not Acceptable): 6595 San Juan Ave Apt 41
83
84 City: Jacksonville, Fl 32210
FL 85 Zip Code: 322

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: Jesse M Keene Jesse M. Keene 4-12-95
(Signature, type or print name of registered agent and title, if signer) (If not Registered Agent, signature required after checking) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	KEENE, JESSE M	12 NAME	
STREET ADDRESS	5371 PARK ST	13 STREET ADDRESS	6595 San Juan Ave Apt 41
CITY ST ZIP	JACKSONVILLE FL 32205	14 CITY ST ZIP	Jacksonville Fl 32210
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	KEENE, MARY B	22 NAME	
STREET ADDRESS	5371 PARK ST	23 STREET ADDRESS	6595 San Juan Ave Apt 41
CITY ST ZIP	JACKSONVILLE FL 32205	24 CITY ST ZIP	Jacksonville Fl 32210
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		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	

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: Jesse M Keene Jesse M. Keene 4-12-95 904 384-8984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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