

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 01 1997 8:00am
Secretary of State

DOCUMENT # P95000014451 (5)

1. Corporation Name

KEEN'S APPRAISAL SERVICE, INC.



Principal Place of Business

Mailing Address

~~6282 POSSUM RIDGE ROAD~~
CRESTVIEW FL 32536

~~6282 POSSUM RIDGE ROAD~~
CRESTVIEW FL 32539-9165

2. Principal Place of Business

21 1410 Red Oak Dr
Suite, Apt. #, etc.

2a. Mailing Address

26 1410 Red Oak Dr
Suite, Apt. #, etc.

22 City & State

23 Crestview, FL

24 Zip 32539 Country U.S.

27 City & State

28 Crestview, FL

29 Zip 32539 Country U.S.

3. Date Incorporated or Qualified

02/20/1995

3a. Date of Last Report

05/30/1996

4. FEI Number

59-3297576

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$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

KEEN, TIMOTHY E
6282 POSSUM RIDGE ROAD
CRESTVIEW FL 32536

10. Name and Address of New Registered Agent

B1 Name Keen, Timothy E
B2 Street Address (P.O. Box Number is Not Acceptable)
1410 Red Oak Drive
B3 Crestview
B4 City

FL

B5

Zip Code 32539

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME KEEN, TIMOTHY E
STREET ADDRESS 6282 POSSUM RIDGE ROAD
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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: [Signature]

Signature: [Signature]

4-22-97 9944-1082-3341

CR2E034 (9/96)