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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000086805 (5)

THERESA MCKEON, INC.

## FILED Apr 01 1998 8:00am Secretary of State

| Principal Plage of Business Mailing Address   |   |   |                    |           |                    | - 4 INDRIBERT OUR DREAD MONIN ERRUP MOTOR MUNIN ERVID  | F INTER ONDE SOUNDE | IFOT OTAL ISON |
|---|---|---|--------------------|-----------|--------------------|--|---------------------|----------------|
| 11122 137TH   | ST N  | 11122 137TH ST N  | 11122 137TH ST N   |           |                    |  |                     |                |
| LARGO FL 33   | 3774  | LARGO FL 33774  |                    |           |                    | DO NOT WEITE IN THE OPING  |                     |                |
|   |   |   |                    |           |                    | DO NOT WRITE IN THE  | HIS SPACE           |                |
|   |   |   |                    |           |                    | 11/09/1995   |                     |                |
| 2. Principal P  | lace of Business  | 2a. Mailing Address   |                    |           |                    | 4. FEI Number Applied For  |                     |                |
| 21  |   | 26  |                    |           |                    | 59-3350677   | <del></del>         | ot Applicable  |
| Suite, Apt.   | #, etc.   | Suite, Apt. #, etc.   | - '                |           |                    | 5. Certificate of Status Desired   |                     | Additional     |
| 22  |   | 27  |                    |           |                    | 5. Certificate of Status Desired   | Fee R               | equired        |
| City & State  | 0   | City & State  |                    |           |                    | 6. Election Campaign Financing   |                     | May Be         |
| Zip Country   |   |   |                    |           |                    | Trust Fund Contribution  |                     | to Fees        |
| 24 25   |   | <del>       </del>  | 21) Country        |           |                    | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No   |                     |                |
|   | 9, Name and Address of Curre  |   | 1301               |           |                    | 10. Name and Address of New Register   |                     |                |
| MC  | KEON, THOMAS R  |   |                    | B1        | Name               |  |                     |                |
|   | 122 137TH ST N  |   |                    | 82 5      | Etropi Addro       | co /D.O. Boy Number is Not Assentable)   |                     |                |
|   | RGO FL 34644  |   |                    | 02        | Stieet Modie:      | ss (P.O. Box Number is Not Acceptable)   |                     |                |
|   |   |   |                    | 83        |                    |  |                     |                |
|   |   |   |                    | 84 (      | City               |  | - 85 Zip            | Code           |
|   |   |   |                    |           | -                  | F  | • <b>L</b>   `   `  |                |
| 11. Pursuant to office or re  | to the provisions of Sections 607.05<br>egistered agent, or both, in the Stat | 02 and 607 1508, Florida Statu<br>e of Florida, Such change was | tes, the at        | ove-n     | amed corpo         | ration submits this statement for the purpos   | e of changing i     | ts registered  |
| 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 ap                             | X_ THAN   |                    | m         | Kwa                |  | 198                 |                |
| 12.   |   | ND DIRECTORS  | 13.                | 1 MOBINES | signatura required | ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES TO OFFICERS  |                     | 29 IN 12       |
| TITLE   | D   | DELETE  | 1.1 TIT            | LE        |                    | ABBITION OF THE BETTE BETT BETTE BET | Change              | Addition       |
| NAME  | MCKEON, THERESA M   |   | 1.2 NA             | ME        |                    |  |                     | _              |
| STREET ADDRESS  | 11122 137TH ST N  |   | 1.3 ST             | REET ADI  | DRESS              |  |                     |                |
| CITY-ST-ZIP   | LARGO FL 34644  | 1.4   |                    | TY-ST-Z   | IP                 |  |                     |                |
| TITLE   |   | ☐ DELETE  | 2 1 TIT            | LE        |                    |  | Change              | Addition       |
| NAME  |   |   | 2.2 NA             | ME        |                    |  |                     |                |
| STREET ADDRESS  |   |   | 2.3 \$TF           |           | DRESS              | • <b>V</b> • • • • • • •   |                     | ľ              |
| CITY-ST-ZIP   |   | Diport  | _                  | TY-ST-    | ZIP                |  |                     |                |
| TITLE   |   | ☐ DETE IE   | DELETE 3.1 TITLE   |           |                    |  | ☐ Change            | ☐ Addition     |
| NAME<br>CTOSET ADDOSES  |   |   | 3.2 NA             |           |                    |  |                     |                |
| STREET ADDRESS  | ■ ***   |   |                    | REET ADI  |                    |  |                     |                |
| TITLE   |   | DELETE  | 3.4. CI<br>4.1 TIT | TY-ST-Z   | ZIP                |  | ☐ Change            | ☐ Addition     |
| NAME  |   | find percent  | 4.2 N/             |           |                    |  | - onange            |                |
| STREET ADDRESS  |   |   |                    | reet ad(  | DRESS              |  |                     |                |
| CITY-ST-ZIP   |   |   |                    | Y-ST-Z    |                    |  |                     |                |
| TITLE   |   | DELETE  | 5.1 TIT            |           |                    |  | Change              | Addition       |
| NAME  |   |   | 5.2 NAME           |           |                    |  |                     |                |
| STREET ADDRESS  |   |   | 5.3 ST             | REET ADO  | DRESS              |  |                     |                |
| CITY-ST-ZIP   |   |   |                    | Y-ST-Z    |                    |  |                     |                |
| TITLE   |   | DELETE  | 6.1 TIT            |           |                    |  | Change              | Addition       |
| NAME  |   |   | 6.2 NA             | ME        |                    |  |                     |                |
| STREET ADDRESS  |   |   | 6.3 STI            | REET ADI  | DRESS              |  |                     |                |
| CITY-ST-ZIP   |   |   |                    | Y-ST-2    |                    |  |                     |                |
| 14. I hereby c  | ertify that the information supplied v  | with this filing does not qualify f                             | or the exe         | motion    | stated in Se       | ection 119.07(3)(i). Florida Statutes, I furthe  | r certify that the  | information    |

14. I 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:

Thursoft. Heller

Thomas M. McKer 31

3/25/08 (83) 56.55.7