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FILED

May 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000007305 (1)

1. Corporation Name

KEEN CONCEPTS INC.

Principal Place of Business

Mailing Address

1327 E. 7TH AVENUE  
TAMPA FL 33605

1327 E. 7TH AVENUE  
TAMPA FL 33605-3607



2. Principal Place of Business

21 1329 E 7th Ave

Suite, Apt. #, etc  
22 Suite A

City & State

23 Tampa, Florida

Zip  
24 33605

Country  
25 USA

2a. Mailing Address

26 1329 E 7th Ave

Suite, Apt. #, etc  
27 Suite A

City & State

28 Tampa, Florida

Zip  
29 33605

Country  
30 USA

3. Date Incorporated or Qualified

01/23/1996

3a. Date of Last Report

4. FEI Number

59-3358507

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

KADYK, CHRISTOPHER C  
4510 LONGFELLOW AVENUE  
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

*Christopher C Kadyk*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/97

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE  
NAME LEWIS, REGAN R  
STREET ADDRESS 1327 E. 7TH AVENUE  
CITY-ST-ZIP TAMPA FL 33605

TITLE VPT ☒ DELETE  
NAME KADYK, CHRISTOPHER C  
STREET ADDRESS 4510 LONGFELLOW AVENUE  
CITY-ST-ZIP TAMPA FL 33629

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

1.1 TITLE P ☒ Change ☐ Addition  
1.2 NAME KADYK, CHRISTOPHER C  
1.3 STREET ADDRESS 4510 Longfellow Ave  
1.4 CITY-ST-ZIP TAMPA, FL, 33629

2.1 TITLE V ☐ Change ☒ Addition  
2.2 NAME STODDARD, MICHAEL T  
2.3 STREET ADDRESS 915 Glendak Ave  
2.4 CITY-ST-ZIP Clearwater, FL 34619

3.1 TITLE T ☐ Change ☒ Addition  
3.2 NAME LOBUE, DANIEL M.  
3.3 STREET ADDRESS 4701 BERWYN CT,  
3.4 CITY-ST-ZIP PALM HARBOR, FL 34685

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:

*Christopher C Kadyk*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/97

(813) 248-5533

CR2E034 (9/96)