

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

FILED
Jan 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000025081 (6)

1. Corporation Name

KELLER FINANCIAL SERVICES - SERIES XXIII, INC.

Principal Place of Business

18167 U.S. HIGHWAY 19 NORTH, SUITE 450
CLEARWATER FL 34624

Mailing Address

18167 U.S. HIGHWAY 19 NORTH, SUITE 450
CLEARWATER FL 34624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1996

4. FEI Number

59-3244665

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 owes or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 33764

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 33764

Country

30

9. Name and Address of Current Registered Agent

KELLER, BRIAN R
18167 U.S. HIGHWAY 19 NORTH, SUITE 450
CLEARWATER FL 34624

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

33764

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

Brian R. Keller

1/6/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12.

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

CSTD

KELLER, BRIAN R

18167 U.S. HIGHWAY 19 NORTH, SUITE 450

CLEARWATER FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

NIXON MICHAEL

18167 US HWY 19 NORTH STE 450

CLEARWATER FL

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD

GILLIS TIMOTHY G

18167 US HWY 19 NORTH STE 450

CLEARWATER F

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V

STIFF GREGORY M

18167 US HWY 19 N STE 450

CLEARWATER F

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V

HALLSTROM JOHN D

18167 US HWY 19 NO STE 450

CLEARWATER FL

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

C/P/S/T/D

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

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 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

CR2E034 (10/97)