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FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90021 006 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000037728

1. Corporation Name

KELLER LANDSCAPING AND LAWN SERVICES, INC.

Principal Place of Business

11494 COLUMBIA PARK DR W.
SUITE 4
JACKSONVILLE FL 32258
US

Mailing Address

11494 COLUMBIA PARK DR W.
SUITE 4
JACKSONVILLE FL 32258
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/26/1996

4. FEI Number

59-3376177

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

985 LAKE ASBURY DRIVE

985 LAKE ASBURY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

GREEN COVE SPRINGS FL

27. City & State

GREEN COVE SPRINGS FL

23. Zip Country

32043 US

29. Zip Country

32043 US

9. Name and Address of Current Registered Agent

KELLER, PATRICK
11494 COLUMBIA PARK DR WEST
SUITE 4
JACKSONVILLE FL 32258

10. Name and Address of New Registered Agent

81. Name

KELLER, PATRICK

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

985 LAKE ASBURY DRIVE

83. City

84. City

GREEN COVE SPRINGS

FL

85. Zip Code
32043

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

7/12/99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **KELLER, PATRICK**
STREET ADDRESS **11494 COLUMBIA PARK DR W**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 **D** ☒ Change ☐ Addition
1.2 NAME **KELLER, PATRICK**
1.3 STREET ADDRESS **985 LAKE ASBURY DRIVE**
1.4 CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

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 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, with all other like empowered.

SIGNATURE:

[Signature]

REQUIRED

PATRICK KELLER

Date

Daytime Phone #

CR2E034 (11/98)