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 # P97000025602 (8)

KEON, INC.

FILED Mar 26 1998 8:00am Secretary of State

INLOIN,	HVO-						
Principal Place	e of Business	Mailing Address					
1445 ARGYLE DRIVE 1445 ARGYLE DRIVE							
FT MYERS FL		FT MYERS FL 33919				DO NOT MUDITE IN THIS SPACE	
						DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified	
						1	
9 Principal P	lace of Business	2a. Mailing Address				03/17/1997 4. FEI Number Applied For	
	lace of Business	26	–			65-073304/ Not Applicable	
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional	
22		27				5. Certificate of Status Desired Fee Required	
City & State	0	City & State	4			Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip Country		Zip Country				8. This corporation owes or has paid the current year Intangible	
24 25		29 30				Personal Property Tax due June 30.	
	g. Name and Address of Cur	rent Registered Agent		64 1		10. Name and Address of New Registered Agent	
	KE, TIMOTHY E			B1 Na	ame		
1445 ARGYLE DRIVE FT MYERS FL 33919				82 St	reet Addre	et Address (P.O. Box Number is Not Acceptable)	
				<u></u>			
				83			
				84 Ci	ty	85 Zip Code	
						FL S Proces	
11. Pursuant office or r	to the provisions of Sections 607.0 registered agent, or both, in the St	0502 and 607.1508, Florida Statu ata et Florida. Such change was	nes, the at authorize	oove-na d by the	meo corp : corporati	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with and accept the of	rigations of Section 607.0505, F	lorida Stal	tutes.			
SIGNATURE	Signature typed or printed hence of registered	raigent and title ir applicable (NC	J.F. Domistoso	d Anant sin	enalura radicio	red when re-instating) DATE	
12.		AND DIRECTORS	13.	о Арелі ыр	mature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		DELETE	1.1 11	TLE	P	Change Addition	
NAME			1.2 N	AME		imothy E. Duke. 145 Argyle Drive t. Myers, FL 33919	
STREET ADDRESS			1.3 S	TREET ADD	RESS /	145 Arquie Drive	
CITY-ST-ZIP			1.4 0	ITY-ST-ZIF	إغرا	t. Muers FL 33919	
TITLE		DELETE	2.1 Ti	TLE		☐ Change ☐ Addition	
NAME		2.2 N		AME			
STREET ADDRESS			2.3 5	TREET ADDI	HESS		
CITY-ST-ZIP			2 4 0	HTY-ST-ZI	P		
TITLE		☐ DELETÉ	3 1 TI	TLE		Change [] Addition	
NAME			3.2 N	AME		·	
STREET ADDRESS			3.3 S	TREET ADOI	RESS		
CITY-ST-ZIP			3.4. 0	ITY-ST-ZI	Р		
TITLE		DELETE	4.1 TI	TLE	- 1	Change Addition	
NAME			4.21	IAME			
STREET ADDRESS			4.3 S	TREET ADD	RESS		
CITY-ST-ZIP				ITY - ST - ZIF	<u> </u>		
TITLE		☐ DELETE	5.1 Ti			Change Addition .	
NAME			5.2 N				
STREET ADDRESS				TREET ADD			
CITY-ST-ZIP		There exer	_	ITY-ST-ZIF	<u></u>	Change Addition	
TITLE		☐ DELETE	6.1 Ti			Change Addition	
NAME			6.2 N				
STREET ADDRESS				TREET ADD	- 1		
CITY-ST-ZIP	partify that the information counting	d with this filing does not qualify	6.4 C	ITY-ST-ZI	etated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information	
i ∎at ilircicΩV '	certify that the information supplies	a mini ana ming acca not quality	IN DIE EX		Grattou III	Localor Flora Collin Florida Oldicios. Flatilios contra frat trio inferridación	

4. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. 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.

CICNATURE

Timothy E. Duk

3/21/98 936

936-3111