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FILED

Apr 30 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 # P97000052399 (7)

1. Corporation Name
KELEEN, INC.



Principal Place of Business

192 PARK BROOK CR
TALLAHASSEE FL 32301

Mailing Address

192 PARK BROOK CR
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/13/1997

4. FEI Number

59-3285392

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

LEASURE, KATHRYN K
192 PARK BROOK CR
TALLAHASSEE FL 32301

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 607.0503, Florida Statutes.

SIGNATURE KATHRYN K. LEASURE

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

(Note: Registered Agent Signature required when reinstating)

4/28/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME KATHRYN K. LEASURE

STREET ADDRESS 192 PARK BROOK CR

CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ DELETE

NAME ARTHUR A. LEASURE

STREET ADDRESS 190 PARK BROOK CR

CITY-ST-ZIP TALLAHASSEE FL 32301

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 ☐ Change ☒ Addition

1.2 NAME KATHRYN K. LEASURE

1.3 STREET ADDRESS 192 PARK BROOK CR

1.4 CITY-ST-ZIP TALLAHASSEE FL 32301

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME ARTHUR A. LEASURE

2.3 STREET ADDRESS 190 PARK BROOK CR

2.4 CITY-ST-ZIP TALLAHASSEE FL 32301

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.

SIGNATURE KATHRYN K. LEASURE

4/30/98 (660) 878-1231

CR2E034 (10/97)