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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

-A.O.G.K. & ASSOCIATES, INC: Keith Brothers, Inc.

FILED Apr 16 1998 8:00am Secretary of State



			~3/1 <i>9</i> ,	198			L
Principal Place of Business • Mailing Address							
116 OTTRUS LA PONTE VEDRA	ANE A BEACH FL 32082	116 CITRUS LANE PONTE VEDRA BEACH FL 32082				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 07/03/1997	
2. Principal Pla	ace of Business	2a. Mailing Address 26				4. FEI Number Applied Fo. 59 - 345 70 78 Not Applie	\dashv
Suite, Apt. #, etc.		— —¬ · ·	Suile, Apt. #, etc.			5. Certificate of Status Desired SB.75 Additions Fee Regulred	-
City & State		City & S	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	_
Z ip	· • • • • • • • • • • • • • • • • • • •		Z _i ρ Cou		······································	8. This corporation owes or has paid the current year Intangible	
24	25 2 2 Name and Address of Current Re		30]			Personal Property Tax due June 30. Yes No	
				81	Name	10. Name and Address of New Registered Agent	
KIR	SCHNER, MAIN, GRAHAM, TAI	NNER&DEMONT,	PA	10.			
ONE INDEPENDENT DR., STE. 2000 JACKSONVILLE FL 32202				82	Street Ac	ddress (P.O. Box Number is Not Acceptable)	
or to				83			
				84	City	FL 85 Zip Code	
allina ar re	o the provisions of Sections 607.05 agistered agent, or both, in the Stal n familiar with, and accept the obli	lo of Florida, Such.	change was at	บที่กัดที่เรียน ทั้ง	the corno	orporation submits this statement for the purpose of changing its registe ration's board of directors. I hereby accept the appointment as registered	red id
SIGNATURE	Signature, typed or printed name of registered a	own and title if at the able	(NOIF	Registere Age	ut sinnatura tur	quired whon reinslating) DATE	
12.		ND DIRECTORS	, , , , , ,	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D		DELETE	11 F		☐ Change ☐ Add	ilion
NAME	KEITH, EDWARD A			1.2 LDE	1		
STREET ADDRESS	116 CITRUS LANE			1.3 ET	ADDRESS		
CITY-\$T-ZIP	PONTE VEDRA BEACH FL	32082		1.4 - S	I - ZIP		
TITLE			DELETE	2.1		☐ Change ☐ Addi	tion
NAME				2 2			
STREET ADDRESS				2.3	ADDRESS		
CITY-ST-ZIP				2. S	1-ZIP		ļ
TITLE			DELETE	3		Change Addi	tion
NAME				3.2			- 1
STREET ADDRESS				3.3 ET	ADDRESS		
CITY-ST-ZIP				3.41 /- S	T-ZIP		
TITLE			DELÉTE	4.1 E]	Change Addi	tion
NAME				4. 2 ME			
STREET ADDRESS				4.3 EET	ADDRESS		
CITY-ST-ZIP				4.4 Y-S1	-ZIP		[
TITLE			DELETE	5.1 LE		Change Addi	tion
NAME				5.2 NE		1/1/11	
STREET ADDRESS				5.3 SET	ADDRESS	4/1) (///	
CITY-ST-ZIP				5.4 O - ST	- ZIP		
TITLE			DELETE	6.1 ₹	1	Shange Addit	ion
NAME				6.2 ME	- 1	-04/16/9801041016	
STREET ADDRESS				6.3 E ET A	ADDRESS	***150.00	
CITY-ST-ZIP				6.4 V-ST	- ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the emption 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 at 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 receivor or trustee empowered to execute is 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.

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