

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

FILED  
Feb 09 1998 8:00am  
Secretary of State

DOCUMENT # P97000085268 (5)

1. Corporation Name

KEEP IT SIMPLE, INC.



Principal Place of Business  
2950 5TH AVENUE NORTH  
ST. PETERSBURG FL 33713

Mailing Address  
2950 5TH AVENUE NORTH  
ST. PETERSBURG FL 33713

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1997

4. FEI Number

59-3474749

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

2. Principal Place of Business

2a. Mailing Address

21 410 So. DALE MABRY

26 410 So. Dale Mabry

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 TAMPA, FLA.

28 Tampa FL

Zip

Zip

24 33609

29 33609

Country

Country

25 U.S.A.

30 U.S.A.

9. Name and Address of Current Registered Agent

SCHERER, PAUL C  
2950 5TH AVENUE NORTH  
ST. PETERSBURG FL 33713

10. Name and Address of New Registered Agent

81 Name

Joseph R. Norman

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

410 So. Dale Mabry

83

84 City

Tampa

FL

85 Zip Code

33609

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

(President)

Joseph R. Norman

2-2-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME AYERS, ALLYN  
STREET ADDRESS 2950 5TH AVENUE NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33713

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition  
1.2 NAME Joseph R. Norman  
1.3 STREET ADDRESS 410 So. Dale Mabry  
1.4 CITY-ST-ZIP Tampa FL, 33609

2.1 TITLE Vic-President ☐ Change ☒ Addition  
2.2 NAME Vicki T. Norman  
2.3 STREET ADDRESS 410 So. Dale Mabry  
2.4 CITY-ST-ZIP Tampa FL 33609

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:

Signature of Joseph R. Norman

2-2-98 813-535-8811

CR2E034 (10/97)