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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 🖫

Secretary of State.

1998

DOCUMENT # P97000090739 (8)

KEETON'S ADVERTISING SPECIALTIES, INC.

Principal Place of Business

Mailing Address

## FILED May 13 1998 8:00am Secretary of State



817 MANATEE AVENUE WEST BRADENTON FL 34205		817 MANATEE AVENUE WEST BRADENTON FL 34205			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
2. Principal Pl	ace of Business	2a. Mailing Address			10/22/1997 4. FEI Number		applied For	
21		26			65-0790644	N	lot Applicable	
Suffe, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be I to Fees	
Zip 24	Country 25	Zip <b>29</b>	Countr 30	у	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No			
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registe	red Agent		
HO	OPINGARNER, BRICE W		81	Name				
817 MANATEE AVENUE WEST Bradenton Fl 34205			82	<u> </u>	Street Address (P.O. Box Number is Not Acceptable)			
			63	1				
			84	City		<b>85</b> Zip	Code	
44.0		0 - 1 COZ 4500 Fr-14- Br-1			corporation submits this statement for the purpo	FL   S   Z   P	ito registered	
SIGNATURE.	m familiar with, and accept the oblig				poration's board of directors. I hereby accept the	ATE.		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		RS IN 12	
TITLE	D	☐ DELETE			PRES, SEC, TREAS, D	Change	☐ Addition	
NAME	HOOPINGARNER, BRICE W		1.2 NAME					
STREET ADDRESS	8101 LAKE DRIVE		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	PALMETTO FL 34221		1.4 CITY-	ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE		VICE PRES, D	XX Change	Addition	
NAME	HOOPINGARNER, BRENT		2.2 NAME					
STREET ADDRESS	\$719 70TH STREET EAST		•	T ADDRESS				
CITY-ST-ZIP	PALMETTO FL 34221	DELETE	2.4 CITY- 3.1 TITLE	ST - ZIP		☐ Change	Addition	
TITLE			3.2 NAME				710011011	
NAME STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			3.4. CITY-					
TITLE		DELETE	4.1 TITLE	Ft		☐ Change	Addition	
NAME			4. 2 NAMI					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELFTE	5.1 TITLE			☐ Change	Addition	
HAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			1	
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP			6.4 CITY -	ST-ZIP				

4. 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 informatio indicated on this annual report or supplied that 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 or an attachment with an address.

CICNATURE.

Wie W. Monnsaine

14/15/91

941-747-2995