PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800001270

1. Corporation Name

KENNETH M. KEEFE, JR. P.A.

Principal Place of Business Mailing Address 50 NORTH LAURA STREET STE. 3300 50 NORTH LAURA STREET STE. 3300

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90075 028 ***150.00



JACKSONVILLE	FL 32301	JACKSONVILLE FL 32301			DO NOT WRITE IN THIS SPACE						
						3. Date Incorporated o 01/05/1998	Qualifed				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	537	3		, , ,	ied For Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status	Desired			75 Ad e Req	ditional uired
City & State	е	City & State	28			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
Zip 24	Country 25	Zip 29 :	Country 30			This corporation own Personal Property T	ax.		Yes		No
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address	of New F	Registered /	Agent		****
			81	Nam	2						
	E, KENNETH M JR.		82	Stree	t Addres	ss (P.O. Box Number is N	ot Accepta	ible)			
50 NORTH LAURA STREET STE. 3300						<u> </u>					
JACH	(SONVILLE FL 32301		83					•			
			84	City				FL	85	Zip Co	ode
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Star	te of Florida. Such change was au	thorized by	the cor	d corpor	ration submits this statem 's board of directors. I he	ent for the reby accep	purpose of t the appoir	changir ntment a	g its regi	egistered stered
agent. I a SIGNATURE	m familiar with, and accept the obli										
	Signature, typed or printed name of registered a	*		t signatur	e required v	when reinstating)		DATE	D DIDE		C (N) 40
12.		AND DIRECTORS	13.		1	ADDITIONS/CHANG	S TO OF	FICERS AN	□ Cha		S IN 12 Addition
TITLE	D/P	☐ DELETE	1.1 TITLE		1	1 >				nge	Andrion
NAME	KEEFE, KENNETH M JR.		1.2 NAME								
STREET ADDRESS	50 NORTH LAURA STREET	STE. 3300	1.3 STREE		^S						
CITY-ST-ZIP	JACKSONVILLE FL 32301	☐ DELETE	1.4 CITY-S	T-ZIP	-				Cha	nge	Addition
TITLE		[] DELETE	2.1 TITLE		ļ				□1 ó	iigo	
NAME			2.2 NAME		_						
STREET ADDRESS			2.3 STREE		S				ټ,		
CITY-ST-ZIP		☐ DELETE	2.4 CITY-5	T-ZIP					Cha	nge	Addition
TITLE	<u></u>	□ pereie	3.1 MILE 3.2 NAME				× ×			9-	, —, ———
NAME			3.2 NAME								
STREET ADDRESS					٥						
CITY-ST-ZIP		☐ DELETE	3.4. CITY-5 4.1 TITLE	51-ZIP				=	□] Chá	nge	Addition
NAME		L. 502212	4. 2 NAME						_	•	
STREET ADDRESS			4.3 STREE	TADDRES	ıs.						
			4.4 CITY-S		~						
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		 		-		Cha	inge	☐ Addition
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREE	T ADDRES	s						
CITY-ST-ZIP			5.4 CITY- S	T-ZIP							
TITLE		☐ DELETE	6.1 TITLE						Cha	inge	☐ Addition
NAME			6.2 NAME								
STREET ADDRESS			6.3 STREE	T ADDRES	is						
CITY-ST-ZIP			6.4 CITY-S	T-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, with all other like empowered.