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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000055624

1. Corporation Name
KEEFEE ENTERPRISES, INC.

Principal Place of Business
36426 US HIGHWAY 19 NORTH
PALM HARBOR FL 34684

Mailing Address
36426 US HIGHWAY 19 NORTH
PALM HARBOR FL 34684

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/22/1998

4. FEI Number

59-3543555

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 5492 Chambers Way
Suite, Apt. #, etc.

2a. Mailing Address

26 5918 Bahama Shores
Suite, Apt. #, etc.

City & State

23 Jacksonville, FL

Zip Country

24 32257 25 USA

City & State

28 St. Petersburg, FL

Zip Country

29 33705 30 USA

9. Name and Address of Current Registered Agent

~~REESE, MICHAEL K.~~
~~36426 US HIGHWAY 19 NORTH~~
~~PALM HARBOR FL 34684~~

10. Name and Address of New Registered Agent

81 Name
P.J. BENTON

82 Street Address (P.O. Box Number is Not Acceptable)
5918 Bahama Shores Drive S.

83

84 City
St. Petersburg

FL

85 Zip Code
33705

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

P.J. Benton - Director

4/15/99

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME BENTON, P J
STREET ADDRESS POST OFFICE BOX 19707
CITY-ST-ZIP CHARLOTTE NC 28219

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition
1.2 NAME Keith A. Johnson
1.3 STREET ADDRESS 5492 Chambers Way
1.4 CITY-ST-ZIP Jacksonville, FL 32257

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

P.J. Benton

4/15/99

(204) 359-9819

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034 (11/98)