

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

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**


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

**FILED**  
**Feb 11, 1999 8:00 am**  
**Secretary of State**

02-11-1999 90003 039 \*\*\*150.00

**DOCUMENT # P98000067955**

1. Corporation Name

**KEB, INC.**

Principal Place of Business

**POST OFFICE BOX 7098  
NORTH PORT FL 34287**

Mailing Address

**POST OFFICE BOX 7098  
NORTH PORT FL 34287**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/04/1998**

2. Principal Place of Business

**21 Suite, Apt. #, etc.**

2a. Mailing Address

**26 Suite, Apt. #, etc.**
**22 City & State**
**27 City & State**
**23 Zip Country**
**28 Zip Country**
**24 25 29 30**

4. FEI Number

**62-1668190**

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional**

Fee Required

6. Election Campaign Financing

☐**\$5.00 May Be**

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

☐Yes ☐ No

9. Name and Address of Current Registered Agent

**PERSSON, DAVID P  
2033 MAIN STREET  
SUITE 400  
SARASOTA FL 34237**

81 Name

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

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

14. 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.

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

**1.1 TITLE** **D** ☐ DELETE

**NAME** **ARNOLD, KENT E**  
**STREET ADDRESS** **1600 S. CARAWAY**  
**CITY-ST-ZIP** **JONESBORO AK 72401**
**1.2 TITLE** **D** ☐ DELETE

**NAME** **TROUTT, ROBERT**  
**STREET ADDRESS** **1600 S. CARAWAY**  
**CITY-ST-ZIP** **JONESBORO AK 72401**
**1.3 TITLE** **D** ☐ DELETE

**NAME** **TROUTT, JOHN E**  
**STREET ADDRESS** **1600 S. CARAWAY**  
**CITY-ST-ZIP** **JONESBORO AK 72401**
**1.4 TITLE** ☐ DELETE

**NAME**
**STREET ADDRESS**
**CITY-ST-ZIP**
**1.5 TITLE** ☐ DELETE

**NAME**
**STREET ADDRESS**
**CITY-ST-ZIP**
**1.6 TITLE** ☐ DELETE

**NAME**
**STREET ADDRESS**
**CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE** ☐ Change ☐ Addition

**1.2 NAME**
**1.3 STREET ADDRESS**
**1.4 CITY-ST-ZIP**
**2.1 TITLE** ☐ Change ☐ Addition

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

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

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

**5.2 NAME**
**5.3 STREET ADDRESS**
**5.4 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 in an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPE, AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)