**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000081940

1, Corporation Name

G. KEATING & ASSOCIATES, INC

Principal Place of Business

Mailing Address

## **FILED** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90030 032 \*\*\*150.00



6544 U.S. HIGH	WAY 41 NORTH	6544 U.S. HIGHWAY 41 NORTH							
APOLLO BEACH FL 33572 APOLLO BEACH FL 33572					<u> </u>	DO NOT WE		SPACE	
					3. Date Inc.	orporated or Qualifed 1998	1		
2. Principal P	ace of Business	2a. Mailing Address		1	4. FEI Num			Ar	oplied For
21 654	LUS HWY 41 N	26 6544 US	HWY	41 N	50	I- 35334	<b>+43</b>	No.	ot Applicable
Suite, Apt.		Suite, Apt. #, etc. 27 SUITE 122			5. Certifcate	e of Status Desired			Additional equired
City & State		City & State	EACH	FL		Campaign Financing nd Contribution			May Be to Fees
Zip 24 335	12 Country USA	<sup>Zip</sup> 29 33572 30	Country		Personal	poration owes the cu Property Tax.	<u> </u>	Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name a	nd Address of New	Registered	Agent	
			81	Name /	SEORGE	KARTING			]
AMERILAWYER							•		
343 ALMERIA AVENUE				Street Add	440	lumber is Not Accep	41 N		
CORAL GABLES FL 33134			83		SUITE	172.13			
/			84	City	APOLLO	Reach	FI		Code 15 72
	1 10 10 007 0500	and 607 1500. Elevida Statutas	the above						
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	Florida, Such change was auth	orized by	the corporati	ion's board of dir	ectors. I hereby acc	ept the appoi	ntment as re	egistered
agent. I a	m familiar with, and accept the obligation	ns of, Section 607.0505, Florida	Statutes	مرة سيم		٥	م ماسم	Jan.	ian.
SIGNATURE	Signature, typed or printed harney of registered agent a	OFORGE	gratered Agen	47/WO	ed when reinstating)		DATE	ney 1	444
40	Signature, typed or printed name of registered agent a		13.	it signatore require		NS/CHANGES TO O	FEICERS AN	JD DIRECTO	ORS IN 12
12.	PTD	DELETE	1,1 TITLE		- ADDITION	TO/OTIATOLO TO O	1110211071	☐ Change	Addition
	KEATING, GEORGE		1.2 NAME					_ •	
NAME	6544 U.S. HIGHWAY 41 NORTH			TADORESS					1
STREET ADDRESS	l								
CITY-ST-ZIP	APOLLO BEACH FL 33572		1.4 CITY-S	T-ZIP				Change	Addition
TITLE	VD	D pereie	2.1 TITLE					Cridings	
NAME	KEATING, DENNIS G		2.2 NAME						(
STREET ADDRESS	6544 U.S. HIGHWAY 41 NORTH		2.3 STREET ADDRESS				-		-
CITY-ST-ZIP_	APOLLO BEACH FL 33572		2. 4 CITY-S	ST-ZIP			·····		
TITLE	SD	☐ DELETE	3.1 TITLE					Change	☐ Addition
NAME	KEATING, CAROLE A		3.2 NAME						[
STREET ADDRESS	ss 6544 U.S. HIGHWAY 41 NORTH		3.3 STREET	TADDRESS					Ì
CITY-ST-ZIP	APOLLO BEACH FL 33572		3.4. CITY- S	ST-ZIP		·			
TITLE	D	☐ DELETE	4.1 TITLE					Change	☐ Addition {
NAME	Gonyea, amanda a		4. 2 NAME						ŀ
STREET ADDRESS	6544 U.S. HIGHWAY 41 NORTH		4.3 STREE	TADORESS					Ì
CITY-ST-ZIP	APOLLO BEACH FL 33572		4.4 CITY-S	T-ZIP					
TITLE	D	☐ DELETE	5.1 TITLE					Change	Addition
NAME	MORENO, DAVID A		5.2 NAME			•*			
STREET ADDRESS	6544 U.S. HIGHWAY 41 NORTH		5.3 STREE	T ADORESS					}
CITY-ST-ZIP	APOLLO BEACH FL 33572	į	5.4 CITY-S	T- ZIP					
TITLE	THE OLLO BLACK I'L GOOVE	☐ DELETE	6.1 TITLE		*			Change	Addition
NAME			6.2 NAME					-	
			6.3 STREET	T ADDRESS		•			ļ
STREET ADDRESS			64 CITY-S						

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 suppliemental 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.