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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000102062

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90088 016 ***150.00

KEITH GI	REGORY, INC.								
Principal Place	e of Business	Mailing Address				-{		E() 8 61 60	
212A BOB O LINK WAY NAPLES FL 34105-2417		212A BOB O LINK WAY NAPLES FL 34105-2417					00405		
						DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed	SPACE	· · · · · ·	ı
						12/08/1998			l I
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number	A	pplied For	ı
21	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	26				59-3564520	N	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5_Certificate of Status Desired	\$8.75	Additional	==
22		27						equired	
City & Stat	e	City & State				6. Election Campaign Financing		May Be	
23	Country	28	Cou	intry		Trust Fund Contribution		to Fees	
Zip	Country	Zip	30	ariu y		This corporation owes the current year In Personal Property Tax.	Tangible ☐ Yes	⊠ No	
24	9. Name and Address of Curre	29 29 Agent	[30]	Τ		10. Name and Address of New Registered			i
		The read of the same		81	Name		,		
	Man, Dennis G Bob o Link Way			82	Street Addre	ss (P.O. Box Number is Not Acceptable)			
	ES FL 34105-2417			83					
				84	City		85 Zip	Code	
				ota		FI	s bonging if	c registered	l
office or r	to the provisions of Sections 607.056 registered agent, or both, in the State am familiar with, and accept the obligations.	of Florida, Such change was	authorized	d by 1	the corporatioi	oration submits this statement for the purpose on is board of directors. I hereby accept the apport	intment as r	egistered	
SIGNATURE		and side if a second to the second	TE: Decistored	1 Acont	l signature required	when reinstating) DATE			_
12.	Signature, typed or printed name of registered age OFFICERS AI	ND DIRECTORS	13.	- Agent	t signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12	Q
TITLE	D	☐ DELETE	1.1 TI	ITLE			☐ Change	☐ Addition	1 5
NAME	GORMAN, DENNIS G		1.2 N	AME				•	5
STREET ADDRESS			1.3 \$	TREET	ADDRESS				[
CITY-ST-ZIP	NAPLES FL 34105-2417		1.4 C	πy-st	-ZIP				Ò
TITLE	D	☐ DELETE	☐ DELETE 2.1 TI					Addition	
NAME	BUCHANAN, ROBERT K	` 2.2 N		ANIC			☐ Change	\	
STREET ADDRESS	421 BRISTOL ROAD					and the second of the second o	☐ Change		ļ
CITY-ST-ZIP	LEXINGTON KY 40502			TREET	ADDRESS	مراج درون المحمد المراجع المحمد ا	☐ Change		
TITLE		- Ari Fre	2.40	TREET			•		
NAME.		DELETE	2. 4 C 3.1 Ti	TREET CITY-S'			☐ Change		
STREET ADDRÉSS		DELETE	2. 4 C 3.1 Ti 3.2 N	TREET CITY-S' TILE IAME	T-ZIP		•		
CITY-ST-ZIP		☐ DELETE	2.4 C 3.1 TI 3.2 N 3.3 S	TREET TLE AME	T-ZIP ADDRESS		•		
			2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C	TREET CITY-S TILE IAME STREET CITY-S	T-ZIP ADDRESS		•	Addition	
TITLE		☐ DELETE	2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI	TREET CITY-S' TILE IAME STREET CITY-S' TILE	T-ZIP ADDRESS		☐ Change	Addition	
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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:

