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

PROFIT CORPORATION ANNUAL REPORT

[redacted] 2000

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

FILED
04-26-1999 90088 016 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
[redacted]

DOCUMENT # P98000102062

1. Corporation Name
KEITH GREGORY, INC.

Principal Place of Business	Mailing Address
~~212A BOB O LINK WAY~~ ~~NAPLES FL 34105-2417~~ 6347 old Mahogany Ct Naples, FL 34109	~~212A BOB O LINK WAY~~ ~~NAPLES FL 34105-2417~~ 6347 old Mahogany Ct Naples, FL 34109

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6347 Old Mahogany Ct	2a. Mailing Address 26 6347 Old Mahogany Ct
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Naples FL	City & State 28 Naples FL
Zip / Country 24 34109 25	Zip / Country 29 34109 30

3. Date Incorporated or Qualified
12/08/1998

4. FEI Number
59-3564520
☐ 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

9. Name and Address of Current Registered Agent

GORMAN, DENNIS G
~~212A BOB O LINK WAY~~
~~NAPLES FL 34105-2417~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable) 6347 Old Mahogany Ct
83
84 City Naples FL 85 Zip Code 34109

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	GORMAN, DENNIS G		1.2 NAME		
STREET ADDRESS	~~212A BOB O LINK WAY~~		1.3 STREET ADDRESS	6347 Old Mahogany Ct	
CITY-ST-ZIP	~~NAPLES FL 34105-2417~~		1.4 CITY-ST-ZIP	Naples, FL 34109	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	BUCHANAN, ROBERT K		2.2 NAME		
STREET ADDRESS	~~421 BRISTOL ROAD~~		2.3 STREET ADDRESS	6347 Old Mahogany Ct	
CITY-ST-ZIP	~~LEXINGTON KY 40502~~		2.4 CITY-ST-ZIP	Naples, FL 34109	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	[illegible]	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	~~212A BOB O LINK WAY~~		6.2 NAME		
STREET ADDRESS	~~NAPLES FL 34105-2417~~		6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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: SIGNATURE REQUIRED President 19 April 99 941-263-4275
SIGNATURE & TITLE OF CHIEF OFFICER OR DIRECTOR — PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

President Sept 12, 2000 941-596-9115 x201