

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V04388**

(7)

1. Corporation Name

O'KEEFE AND ASSOCIATES, INC.



Principal Place of Business

**525 SANDY CREEK DRIVE
BRANDON FL 33511**

Mailing Address

**525 SANDY CREEK DRIVE
BRANDON FL 33511**

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25.

29. 30.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/02/1991

3a. Date of Last Report

02/17/1995

4. FET Number

59-3098861

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 has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

**O'KEEFE, JENNA PHILLIPS
525 SANDY CREEK DR.
BRANDON, FL 33511**

81. Name

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

83.

84. City

FL

85. Zip Code

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

Signature of person filing this report is required.

Signature of Registered Agent is required when first stated.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE
NAME: **P O'KEEFE, JENNA**
STREET ADDRESS: **525 SANDY CREEK DR**
CITY-STATE-ZIP: **BRANDON FL**
2. TITLE ☐ DELETE
NAME: **VTS O'KEEFE, ROCK**
STREET ADDRESS: **525 SANDY CREEK DR**
CITY-STATE-ZIP: **BRANDON FL**
3. TITLE ☐ DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
4. TITLE ☐ DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
5. TITLE ☐ DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

1. 1. TITLE ☐ Change ☐ Addition
2. 2. NAME
3. 3. STREET ADDRESS
4. 4. CITY-STATE-ZIP
5. 5. TITLE ☐ Change ☐ Addition
6. 6. NAME
7. 7. STREET ADDRESS
8. 8. CITY-STATE-ZIP
9. 9. TITLE ☐ Change ☐ Addition
10. 10. NAME
11. 11. STREET ADDRESS
12. 12. CITY-STATE-ZIP
13. 13. TITLE ☐ Change ☐ Addition
14. 14. NAME
15. 15. STREET ADDRESS
16. 16. CITY-STATE-ZIP
17. 17. TITLE ☐ Change ☐ Addition
18. 18. NAME
19. 19. STREET ADDRESS
20. 20. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Printed #

CR2E034 (12/95)