SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 24 AM 8:13

DOCUMENT # **V12167** **(5)**

1. Corporation Name

KELLER FINANCIAL SERVICES OF TAMPA BAY, INC.

Principal Place of Business	Mailing Address
24249 U.S. HIGHWAY 19 NORTH CLEARWATER FL 34623-4011	24771 U.S/ HWY 19 B. 710 CLEARWATER FL 34623-3930 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/06/1992	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3107421	☐ 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 only the changes to its profit tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21: 19329 U.S. HWY 19 NO. CLEARWATER, FL 34624	26: 19329 U.S. HWY. 19 NO. CLEARWATER, FL 34624
22: Suite, Apt. #, etc	27: Suite, Apt. #, etc
23: City & State	28: City & State
24: Zip / 25: Country	29: Zip / 30: Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KELLER, BRIAN R. 17 WINSTON DR CLEARWATER FL 34616	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 19329 U.S. HWY. 19 NO. 83 84 City: CLEARWATER FL 85 Zip Code: 34624

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 of new registered agent and the date of signature) NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	11 TITLE	☐ Change ☐ Addition
NAME	KELLER, BRIAN R.	12 NAME	
STREET ADDRESS	24771 U.S. HWY 19 N., SUITE 710	13 STREET ADDRESS	19329 U.S. HWY. 19 NO.
CITY ST ZIP	CLEARWATER FL	14 CITY ST ZIP	CLEARWATER, FL 34624-3170
TITLE	VTD	21 TITLE	☐ Change ☐ Addition
NAME	WATKINS, R. LAMAR	22 NAME	
STREET ADDRESS	5560 65TH AVE. N.	23 STREET ADDRESS	19329 U.S. HWY. 19 NO.
CITY ST ZIP	PINELLAS PARK FL	24 CITY ST ZIP	CLEARWATER, FL 34624-3170
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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)(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, added or deleted on an attachment with an address.

SIGNATURE: _____ 913-524-1400
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

BRIAN R. KELLER, PRES.

0107032 FP