

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V12167 (5)

1. Corporation Name

KELLER FINANCIAL SERVICES OF TAMPA BAY, INC.



Principal Place of Business

19329 US HWY 19 NRTN
CLEARWATER FL 34624
US

Mailing Address

19329 US HWY 19 NORTH
710
CLEARWATER FL 34624
US

2. Principal Place of Business

21 18167 U.S. Hwy. 19 No.

Suite, Apt. #, etc.

22 Ste. 450

City & State

23 Clearwater, FL

Zip

24 34624

Country

25 USA

2a. Mailing Address

26 P.O. Box 15007

Suite, Apt. #, etc.

27

City & State

28 Clearwater, FL

Zip

29 34629-5007

Country

30 USA

9. Name and Address of Current Registered Agent

KELLER, BRIAN R.

19329 US HWY 19 NORTH
CLEARWATER FL 34624

3. Date Incorporated or Qualified

02/06/1992

3a. Date of Last Report

07/24/1995

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 liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

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

83 18167 U.S. Hwy. 19 No.

84 Ste. 450

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when changing office)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE

NAME KELLER, BRIAN R.

STREET ADDRESS 19329 US HWY 19 NORTH

CITY - ST - ZIP CLEARWATER FL

TITLE VTD ☐ DELETE

NAME WATKINS, R. LAMAR

STREET ADDRESS 19329 US HWY 19 NORTH

CITY - ST - ZIP PINELLAS PARK FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(g), 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

3/19/96

813-524-1400

CR2E034 (12/95)