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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # V17373

(4)

| KELLER FINANCIAL SERVICES OF FLORIDA, INC. | | | | | | | |
|--|--|---------------------------|----------------------------------|--|--|--|--|
| Principal Place | e of Business | Mailing Address | | | 4 10000 Hill Glock Didit Glock Bil | in diğ ir ənə n də ği | |
| 19329 US HWY 19 NORTH 19329 US HWY 19 NOR | | | RTH | | | | |
| 710 CLEARWATE | R FI 34624 | 710 CLEARWATER FL 3462 | 4 | | | | |
| CLEARWATER FL 34624 US | | US | | 3. Date Incorporated or Quali 02/27/1992 | ied 3a. Date of Last I 07/24/19 | | |
| ¬ .∧. | ace of Business | 2a. Mailing Address | 16017 | 4. FEI Number | | Applied For | |
| Suite, Apt. | 67 us Hwy 19 Yw | 26 P.O. BOX | 15007 | 59-3110610 | | Not Applicable | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27 | | | | 5. Certificate of Status Desire | | 5 Additional Required | |
| City & State | | City & State | | 6. Election Campaign Financin | | 00 May Be | |
| 3 <i>Ul</i> | arwater, FL | 28 Clarua | tu FL | Trust Fund Contribution | · [] ΨΦ., | ed to Fees | |
| Zip . | Country | _ 7p 34629~ | Country | 8. This corporation has liabilit | for intangible tax under s | 199.032, | |
| 390 | 9. Name and Address of Current R | ²⁹ 5007 | [30] | 1 | Yes No | | |
| | 9. Hame and Address of Current A | egistered Agent | 81 Name | 10. Name and Address of N | ew Registered Agent | | |
| KELLED | , Brian R | | | | | | |
| ST E-710 Cleary | VATER FL 34624 | | 83 Ste 84 City of D | adress (P.O. Box Number is Not Acce \$7 U.S. HWY 19 \ \$-450 \ EQTUALES | 710 . | in Code | |
| OF FOUNDING | o the provisions of Sections 607,0502 and ed agent, or both, in the State of Florida. S th, and accept the obligations of, Section (| Such change was authorize | a the above normed co- | commentation of the street and a series of the street of t | purpose of changing its appointment as registered | registered office d agent. Lam | |
| SIGNATURE _ | | | | | | | |
| 12. | Signature, typed or printed name of registered agent and t | | Hogistered Apont signal or rec | | DATE | · | |
| TITLE | OFFICERS AND DI | DELETE | 13. | ADDITIONS/CHANGES TO | · · · · · · · · · · · · · · · · · · · | | |
| NAME | KELLER, BRIAN R | | 1.2 NAME | | Change | Add tion | |
| STREET ADDRESS | -19929 US HWY 19 NORTH | | 13 STRELT ADDRESS | 18167 US Hary I Clearwaier FL | 19710 Sta 4 | (50) | |
| CITY - ST - ZIP | CLEARWATER FL | | 14 CITY - S1 - ZIP | Commain ti | 24/274 | | |
| TITLE | VTD | DELÉTE | 2 1 TITLE | Edulusia, FL | Change | Addition | |
| NAME | Watkins, R. Lamar | | 2.2 NAME | | | | |
| STREET ADDRESS | 19329, US HWY 19 NORYH | | 2.3 STREET ADDRESS | 11 | | | |
| CITY-ST-ZIP | CLEARWATER FL | | 2.4 CHY-\$1-7iF | | | | |
| IITLE | | ☐ DELETE | 3 1 TITLE | \mathcal{D} | ☐ Change | Add tion | |
| IAME | | | 3 2 NAME | gelles-, Tim | | | |
| STREET ADDRESS | | | 3.3 STHEET ADDRESS | Til | | | |
| OTY-SI-ZIP | | C) DELETE | 34 CITY - ST 7IP | | | | |
| IAME | | DELETE | 4 1 TIVLE | | ☐ Change | ☐ Addition | |
| TREE1 ADDRESS | | | 4.2 NAME | | | | |
| SITY-SI-ZIP | | | 4.3 STREET ADDRESS | | | | |
| ITLE | | DELETE | 4.4 CITY - ST - ZIF 5 1 7 ITE | | | [] Add tion | |
| IAME | | | 5 2 NAME | | Criange | Add tion | |
| TREET ADDRESS | | | 5.3 STREET ADDRESS | | | | |
| HTY-SI-ZIP | | | 5.4 CITY-ST-ZIP | | | | |
| ITLE | | DELETE | 6 1 THUE | | Change | Addition | |
| IAME | | • | 6.2 NAME | | | | |
| TREET ADDRESS | | | 6.3 STREET ADDRESS | | | | |
| ITY-ST-ZIP | r certify that the information supplied with the information supplied with | | 6.4 ChTY-ST-ZIP | | | | |
| | | | | | | | |

SIGNATURE:

3/19/94 813-324-1400