

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 # **V17373** (4)

1. Corporation Name

KELLER FINANCIAL SERVICES OF FLORIDA, INC.



Principal Place of Business

**18329 US HWY 19 NORTH
710
CLEARWATER FL 34624
US**

Mailing Address

**18329 US HWY 19 NORTH
710
CLEARWATER FL 34624
US**

2. Principal Place of Business

2a. Mailing Address

21 **18167 US Hwy. 19 No.**

26 **P.O. Box 15007**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Ste. 450**

27

City & State

City & State

23 **Clearwater, FL**

28 **Clearwater, FL**

Zip

Country

Zip

Country

24 **34624** 25 **US**

29 **5007** 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KELLER, BRIAN R
18329 US HWY 19 NORTH
STE 710
CLEARWATER FL 34624**

81 Name

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

18167 US Hwy 19 No.

Ste. 450

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. Thereby 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 true if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE ☐ DELETE

NAME **PSD
KELLER, BRIAN R**
STREET ADDRESS **18329 US HWY 19 NORTH**
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ DELETE

NAME **VTD
WATKINS, R. LAMAR**
STREET ADDRESS **18329 US HWY 19 NORTH**
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/94

813-324-1400

CR2E034 (12/95)