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FILED

Mar 05 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V17373 (4)

1. Corporation Name
KELLER FINANCIAL SERVICES OF FLORIDA, INC.

Principal Place of Business

18167 US HWY 19
SUITE 450
CLEARWATER FL 34624
US

Mailing Address

PO BOX 15007
710
CLEARWATER FL 34629-5007
US

2. Principal Place of Business

21 18167 US Hwy 19 North

Suite, Apt. #, etc.

22 Suite 450

City & State

23 Clearwater, FL

Zip

24 34624-6572

Country

25 Pinellas

2a. Mailing Address

26 18167 US Hwy 19 North

Suite, Apt. #, etc.

27 Suite 450

City & State

28 Clearwater, FL

Zip

29 34624-6572

Country

30 Pinellas

3. Date Incorporated or Qualified

02/27/1992

3a. Date of Last Report

03/25/1996

4. FEI Number

59-3110610

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes☐ No

9. Name and Address of Current Registered Agent

KELLER, BRIAN R
18167 US HWY 19 SUITE 450
STE 710
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name

Keller, Brian R.

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

18167 US Highway 19 North

83 Suite 450

84 City

Clearwater

FL

85 Zip Code

34624-6572

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

Brian R. Keller

January 9, 1997

Signature, typed or printed name of registered agent and file responsible

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1-TITLE PSD ☐ DELETE

NAME KELLER, BRIAN R

STREET ADDRESS 18167 US HWY 19 SUITE 450

CITY-ST-ZIP CLEARWATER FL

1-TITLE VTD ☒ DELETE

NAME WATKINS, R. LAMAR

STREET ADDRESS 19329, US HWY 19 NORHY

CITY-ST-ZIP CLEARWATER FL

1-TITLE D ☐ DELETE

NAME GILLIS, TIM

STREET ADDRESS 18167 US HWY 19

CITY-ST-ZIP CLEARWATER FL 34624

1-TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1-TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1-TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C/S/T/D ☒ Change ☐ Addition

12 NAME Keller, Brian R.

13 STREET ADDRESS 18167 US Highway 19 North, Suite 450

14 CITY-ST-ZIP Clearwater, FL 34624-6572

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE V/D ☒ Change ☐ Addition

32 NAME Gillis, Timothy G.

33 STREET ADDRESS 18167 US Highway 19 North, Suite 450

34 CITY-ST-ZIP Clearwater, FL 34624-6572

4.1 TITLE P ☐ Change ☒ Addition

4.2 NAME Nixon, Michael

4.3 STREET ADDRESS 18167 US Highway 19 North, Suite 450

4.4 CITY-ST-ZIP Clearwater, FL 34624-6572

5.1 TITLE V ☐ Change ☒ Addition

5.2 NAME Stiff, Gregory M.

5.3 STREET ADDRESS 18167 US Highway 19 North, Suite 450

5.4 CITY-ST-ZIP Clearwater, FL 34624-6572

6.1 TITLE V ☐ Change ☒ Addition

6.2 NAME Hallstrom, John D.

6.3 STREET ADDRESS 18167 US Highway 19 North, Suite 450

6.4 CITY-ST-ZIP Clearwater, FL 34624-6572

14. I do hereby certify that the information supplied with this filing 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 its 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

Brian R. Keller January 9, 1997 813/524-1400

Date

Daytime Phone #

CR2E034 (9/96)