

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

18167 US HWY 19
SUITE 450
CLEARWATER FL 34624
US

18167 US HWY 19 N.
STE. 450
CLEARWATER FL 34624-6572
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1992

4. FEI Number

59-3110610

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

33764-6572

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

33764-6572

30

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

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

83

84 City

FL

85 Zip Code

33764

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

1/6/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CSTD
KELLER, BRIAN R
18167 US HWY 19 SUITE 450
CLEARWATER FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
NIXON, MICHAEL
18617 US HWY 19 N., STE. 450
CLEARWATER FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
GILLIS, TIMOTHY G.
18167 US HWY 19
CLEARWATER FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
STIFF, GREGORY M.
18167 US HWY 19 N., STE. 450
CLEARWATER FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
HALLSTROM, JOHN D.
18167 US HWY. 19 N., STE. 450
CLEARWATER FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
C/P/S/T/D

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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 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

Brian R. Keller, Pres

1/6/98

813/524-1400

CR2E034 (10/97)