

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

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Mar 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V19995** (2)

1. Corporation Name
KELLER FINANCIAL SERVICES, INC.



Principal Place of Business 19329 U.S. HWY 19 NORTH - STE 450 CLEARWATER FL 34624 US	Mailing Address 19329 U.S. HWY 19 NORTH - STE 450 CLEARWATER FL 34624-3102 US
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3. Date Incorporated or Qualified 03/10/1992	3a. Date of Last Report 03/25/1996
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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	2a. Mailing Address 25 18167 US Hwy. 19 North Suite, Apt. #, etc. 27 Suite 450 City & State 28 Clearwater, FL Zip 29 34624-6572	4. FEI Number 65-0325037 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent KELLER, BRIAN R. 19329 U.S. HWY 19 NORTH STE 450 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 85 Zip Code FL 34624-6572
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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**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input checked="" type="checkbox"/> DELETE	NAME GILLIS, TIM STREET ADDRESS 19329 U.S. HWY 19 NORTH CITY-ST-ZIP CLEARWATER FL	1.1 TITLE D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	NAME KELLER, BRIAN R STREET ADDRESS 19329 U.S. HWY 19 NORTH CITY-ST-ZIP CLEARWATER FL	1.2 NAME Gillis, Timothy G.	
TITLE <input checked="" type="checkbox"/> DELETE	NAME WATKINS, R. LAMAR STREET ADDRESS 19329 U.S. HWY 19 NORTH CITY-ST-ZIP CLEARWATER FL	1.3 STREET ADDRESS 18167 US Highway 19 North, Suite 450	
TITLE <input type="checkbox"/> DELETE	NAME VTD	1.4 CITY-ST-ZIP Clearwater, FL 34624-6572	
TITLE <input type="checkbox"/> DELETE	NAME KELLER, BRIAN R STREET ADDRESS 19329 U.S. HWY 19 NORTH CITY-ST-ZIP CLEARWATER FL	2.1 TITLE D/C/P/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	NAME KELLER, BRIAN R STREET ADDRESS 19329 U.S. HWY 19 NORTH CITY-ST-ZIP CLEARWATER FL	2.2 NAME Keller, Brian R.	
TITLE <input type="checkbox"/> DELETE	NAME KELLER, BRIAN R STREET ADDRESS 19329 U.S. HWY 19 NORTH CITY-ST-ZIP CLEARWATER FL	2.3 STREET ADDRESS 18167 US Highway 19 North, Suite 450	
TITLE <input type="checkbox"/> DELETE	NAME KELLER, BRIAN R STREET ADDRESS 19329 U.S. HWY 19 NORTH CITY-ST-ZIP CLEARWATER FL	2.4 CITY-ST-ZIP Clearwater, FL 34624-6572	
TITLE <input type="checkbox"/> DELETE	NAME KELLER, BRIAN R STREET ADDRESS 19329 U.S. HWY 19 NORTH CITY-ST-ZIP CLEARWATER FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	NAME KELLER, BRIAN R STREET ADDRESS 19329 U.S. HWY 19 NORTH CITY-ST-ZIP CLEARWATER FL	3.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME KELLER, BRIAN R STREET ADDRESS 19329 U.S. HWY 19 NORTH CITY-ST-ZIP CLEARWATER FL	3.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE	NAME KELLER, BRIAN R STREET ADDRESS 19329 U.S. HWY 19 NORTH CITY-ST-ZIP CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME KELLER, BRIAN R STREET ADDRESS 19329 U.S. HWY 19 NORTH CITY-ST-ZIP CLEARWATER FL	4.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	NAME KELLER, BRIAN R STREET ADDRESS 19329 U.S. HWY 19 NORTH CITY-ST-ZIP CLEARWATER FL	4.2 NAME Stiff, Gregory M.	
TITLE <input type="checkbox"/> DELETE	NAME KELLER, BRIAN R STREET ADDRESS 19329 U.S. HWY 19 NORTH CITY-ST-ZIP CLEARWATER FL	4.3 STREET ADDRESS 18167 US Highway 19 North, Suite 450	
TITLE <input type="checkbox"/> DELETE	NAME KELLER, BRIAN R STREET ADDRESS 19329 U.S. HWY 19 NORTH CITY-ST-ZIP CLEARWATER FL	4.4 CITY-ST-ZIP Clearwater, FL 34624-6572	
TITLE <input type="checkbox"/> DELETE	NAME KELLER, BRIAN R STREET ADDRESS 19329 U.S. HWY 19 NORTH CITY-ST-ZIP CLEARWATER FL	5.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	NAME KELLER, BRIAN R STREET ADDRESS 19329 U.S. HWY 19 NORTH CITY-ST-ZIP CLEARWATER FL	5.2 NAME Hallstrom, John D.	
TITLE <input type="checkbox"/> DELETE	NAME KELLER, BRIAN R STREET ADDRESS 19329 U.S. HWY 19 NORTH CITY-ST-ZIP CLEARWATER FL	5.3 STREET ADDRESS 18167 US Highway 19 North, Suite 450	
TITLE <input type="checkbox"/> DELETE	NAME KELLER, BRIAN R STREET ADDRESS 19329 U.S. HWY 19 NORTH CITY-ST-ZIP CLEARWATER FL	5.4 CITY-ST-ZIP Clearwater, FL 34624-6572	
TITLE <input type="checkbox"/> DELETE	NAME KELLER, BRIAN R STREET ADDRESS 19329 U.S. HWY 19 NORTH CITY-ST-ZIP CLEARWATER FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	NAME KELLER, BRIAN R STREET ADDRESS 19329 U.S. HWY 19 NORTH CITY-ST-ZIP CLEARWATER FL	6.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME KELLER, BRIAN R STREET ADDRESS 19329 U.S. HWY 19 NORTH CITY-ST-ZIP CLEARWATER FL	6.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE	NAME KELLER, BRIAN R STREET ADDRESS 19329 U.S. HWY 19 NORTH CITY-ST-ZIP CLEARWATER FL	6.4 CITY-ST-ZIP	

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 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:  **January 9, 1997** **813/524-1400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)