

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 # **V24393** (3)

1. Corporation Name

KELLER FINANCIAL SERVICES OF ST. PETERSBURG, INC



Principal Place of Business

**19329 US HWY 19 NORTH
710
CLEARWATER FL 34624
US**

Mailing Address

**19329 US HWY 19 NORTH
710
CLEARWATER FL 34624
US**

3. Date Incorporated or Qualified
03/27/1992

3a. Date of Last Report
07/24/1995

2. Principal Place of Business

21 **18167 U.S. Hwy. 19 No.**

2a. Mailing Address

26 **P.O. Box 15007**

4. FFI Number
59-3112718

Applied For
Not Applicable

Suite, Apt. #, etc.

22 **Ste. 450**

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

23 **Clearwater, FL**

City & State

28 **Clearwater, FL**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

24 **34624**

Country

25 **USA**

Zip

29 **34629-5007**

Country

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KELLER, BRIAN R.
19329 US HWY 19 NORTH
CLEARWATER FL 34624**

81 Name

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

18167 U.S. Hwy. 19 No.

83 **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 fee, if applicable

(NOTE: Registered Agent of record is not responsible for filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PSD
KELLER, BRIAN R.**
STREET ADDRESS **19329 US HWY 19 NORTH
CLEARWATER FL**
CITY-ST-ZIP

TITLE ☐ DELETE

NAME **VTD
WATKINS, R. LAMAR**
STREET ADDRESS **19329 US HWY 19 NORTH
PINELLAS PARK FL**
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**18167 U.S. Hwy. 19 No. Ste. 450
Clearwater, FL 34624**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
D. Gillis, Tim

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96

813-524-1400

CR2E034 (12/95)