

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 26 1998 8:00am
Secretary of State

DOCUMENT # **V24393** (3)
1. Corporation Name
KELLER FINANCIAL SERVICES OF ST. PETERSBURG, INC



Principal Place of Business Mailing Address
**18167 US HWY 19
SUITE 450
CLEARWATER FL 34624
US**
**18167 US HWY 19 NORTH
SUITE 450
CLEARWATER FL 34624-6572
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 03/27/1992	
22 City & State	27 City & State	4. FEI Number 59-3112718	
23 Zip 33764-6572	25 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33764-6572	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28 Zip 33764-6572		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KELLER, BRIAN R.
18167 US HWY 19 SUITE 450
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
85 Zip Code
FL 33764

11. Pursuant to the provisions of Sections 607.0602 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CSTO	<input type="checkbox"/> DELETE	1.1 TITLE C/P/S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KELLER, BRIAN R.		1.2 NAME	
STREET ADDRESS 18167 US HIGHWAY 19 NORTH, STE. 450		1.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL		1.4 CITY-ST-ZIP	
TITLE P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NIXON, MICHAEL		2.2 NAME	
STREET ADDRESS 18167 US HIGHWAY 19 NORTH, SUITE 450		2.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL		2.4 CITY-ST-ZIP	
TITLE VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GILLIS, TIMOTHY G.		3.2 NAME	
STREET ADDRESS 18167 US HIGHWAY 19 NORTH, STE. 450		3.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL		3.4 CITY-ST-ZIP	
TITLE V	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STIFF, GREGORY M		4.2 NAME	
STREET ADDRESS 18167 US HIGHWAY 19 NORTH, SUITE 450		4.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL		4.4 CITY-ST-ZIP	
TITLE V	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HALLSTROM, JOHN D.		5.2 NAME	
STREET ADDRESS 18167 US HIGHWAY 19 NORTH, STE. 450		5.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)