

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

1995-1 APR 30 47

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V68591**

(9)

1. Corporation Name

T. KEATING ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

Previous Name of Corporation: **550 BEACH ROAD
GATEHOUSE 125
VERO BEACH FL 32963**

Mailing Address: **550 BEACH ROAD
GATEHOUSE 125
VERO BEACH FL 32963**

3. Date incorporated or qualified: **10/05/1992** 3a. Date of Last Report: **03/08/1994**

2. Previous Filing Number: **21** 2b. Mailing Address: **26**

4. FIC Number: **65-0361474** Approved For: **Not Applicable**

22. Date of Report: **22** 27. Date of Report: **27**

5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**

23. City & State: **23** 28. City & State: **28**

6. Election Campaign Reporting: ☐ **\$5.00 May Be Added to Fees**

24. Zip: **24** 25. Country: **25** 29. Zip: **29** 30. Country: **30**

8. This corporation has liability for intangible tax under Fla. Stat. 219.03? ☐ No ☒ Yes

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KEATING, THOMAS J.
550 BEACH ROAD
GATEHOUSE 125
VERO BEACH FL 32963**

81. Name: **81**
82. Street Address: **82**
83. **83**
84. City: **84** **FL** 85. Zip: **85**

11. Pursuant to the provisions of Sections 219.03 and 219.04, Florida Statutes, this above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in this State of Florida. Such change was authorized by the corporation's board of directors, members, and/or the appointment of registered agent, if not authorized, and except the obligations of Sections 219.03 and 219.04, Florida Statutes.

SIGNATURE

Signature of the person authorized to sign this report

Signature of the person authorized to sign this report

Signature

12. OFFICERS AND DIRECTORS 13. ADDITIONAL INFORMATION CONCERNING ADDITIONAL REPORTS

NAME: **D**
NAME: **KEATING, THOMAS J.**
STREET ADDRESS: **550 BEACH ROAD**
CITY & STATE: **VERO BEACH FL**

1. NAME: **1** ☐ Change ☐ Add
2. NAME: **2** ☐ Change ☐ Add
3. NAME: **3** ☐ Change ☐ Add
4. NAME: **4** ☐ Change ☐ Add
5. NAME: **5** ☐ Change ☐ Add
6. NAME: **6** ☐ Change ☐ Add
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16. NAME: **16** ☐ Change ☐ Add
17. NAME: **17** ☐ Change ☐ Add
18. NAME: **18** ☐ Change ☐ Add
19. NAME: **19** ☐ Change ☐ Add
20. NAME: **20** ☐ Change ☐ Add

14. This hereby certify that the information supplied with this filing is voluntarily furnished and that it is equally for the registration statement as has been filed with the Florida Department of State. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my supervisor shall have the same legal effect as if made up for me. That I am an officer or director of this corporation, the receiver or trustee appointed to manage the report as required by Chapter 612, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on any attachment with an address.

SIGNATURE: **THOMAS KEATING** Pres.

4/13/95 407-234-3727