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APPROVED AND FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # K01503 (7)

1. Corporation Name
KEENE PROPERTIES, INC.

Principal Place of Business
**P.O. BOX 770338
WINTER GARDEN FL 34777-0338**

Mailing Address
**P.O. BOX 770338
WINTER GARDEN FL 34777-0338**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/10/1987		3a. Date of Last Report 04/13/1994	
4. FEI Number 59-2860437		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			

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
9. Name and Address of Current Registered Agent RIFFLE, THOMAS R 4826 HURDLE CT ORLANDO FL 32818		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	

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 607.0509, Florida Statutes.

SIGNATURE _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	MCPHERSON, JOHN R. 1110 W IVANHOE BLVD #15 ORLANDO FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD	CARDEN, RONLAD 1440 ANDERSON ST. CLERMONT FL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TSD	RIFFLE, THOMAS R. 4826 HURDLE CT ORLANDO FL	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 110.07(3)(b), 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: Thomas R. Riffle **4-7-95** **407/656-2291**
Thomas R. Riffle, Registered Agent