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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT #

M65188

(8)

	on Name	· (0)	'							
KECK	GROVES, INCORPORATED									
Principal Plac	ce of Business	Mailing Address		•						
l '		-	AULA LO	00						
% MICHAEL J. TROMBLEY, ESQ. % MICHAEL J. TROMBLEY, ESQ. 329 S. COMMERCE AVE. 329 S. COMMERCE AVE.										
SEBRING FL 33870 SEBRING FL 33870							DO NOT WR		SPACE	
İ							Date Incorporated or Qualifie	d d		
	M	12.39					01/05/1988			
2. Principal Place of Business		2a. Mailing Address				4. FEI Number			Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				59-2870283			lot Applicable Additional	
22		27				5. Certificate of Status Desired			Required	
City & State		City & State				6. Election Campaign Financing			May Be	
23		28					Trust Fund Contribution			to Fees
Zip	Country	Zip	_	Country	,		8. This corporation owes or has	paid the cu	ırrent year lı	ntangible
24	25	29	30				Personal Property Tax due Ju			No No
	Name and Address of Curren	t Registered Agent		81	N		10. Name and Address of New	Registered	Agent	
	OMBLEY, MICHAEL J., ESQ.			81	Name					.]
	9 S. COMMERCE AVE.			82 Str		Addres	ss (P.O. Box Number is Not Accep	able)		
SE	BRING FL 33870			83						
				"						
]				84	City		-	FI	85 Zip	Code
11 Pursuant	to the provisions of Sections 607.050	2 and 607,1508. Florida S	tatutes, th	he above	e-named	corpo	ration submits this statement for the			its registered
office or t	to the provisions of Sections 607,050, registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change v	vas autho	orized by	the corp	oratio	n's board of directors. I hereby acc	ept the ap	pointment a	s registered
agent, ra	an lammar with and accept the obliga	tilons of oection dor.000.	a, i ionda	Jalules	3,					•
0.0										
SIGNATURE	Signature, typed or printed name of registered ager	nt and tide if applicable.					when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered age: OFFICERS AND	DIRECTORS	(NOTE: Regi							
12.	OFFICERS AND		(NOTE: Regi	istered Age 13. 1.1 TITLE			when reinstating)		D DIRECTO	
12. TITLE NAME	OFFICERS AND D KECK, BLANCHE I.,	DIRECTORS	(NOTE: Regi	istered Age 13. 1.1 TITLE 1.2 NAME	ant signature		when reinstating) ADDITIONS/CHANGES TO OF	CERS AN		
12. TITLE NAME STREET ADDRESS	D KECK, BLANCHE I., 413 NE LAKEVIEW DR.	DIRECTORS	(NOTE: Regi	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS		when reinstating) ADDITIONS/CHANGES TO OF			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D KECK, BLANCHE I., 413 NE LAKEVIEW DR. SEBRING FL	DIRECTORS DELETE	(NOTE: Regi	istered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	ADDRESS		when reinstating) ADDITIONS/CHANGES TO OF	CERS AN		□ Addition
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12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME	OFFICERS AND D KECK, BLANCHE I., 413 NE LAKEVIEW DR. SEBRING FL D KECK, JAMES M	DIRECTORS DELETE	(NOTE: Regi	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME	ADDRESS		when reinstating) ADDITIONS/CHANGES TO OF	CERS AN		□ Addition
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14. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(), 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:

ROMATURE DE PROVINCE

1 123198

941-385-0323