

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

FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M65188 (8)
 1. Corporation Name
KECK GROVES, INCORPORATED



Principal Place of Business % MICHAEL J. TROMBLEY, ESQ. 329 S. COMMERCE AVE. SEBRING FL 33870	Mailing Address % MICHAEL J. TROMBLEY, ESQ. 329 S. COMMERCE AVE. SEBRING FL 33870
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/05/1988

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	4. FEI Number 59-2870283	Applied For <input type="checkbox"/> Not Applicable
24 Country	25 Country	29 Country	30 Country

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent TROMBLEY, MICHAEL J., ESQ. 329 S. COMMERCE AVE. SEBRING FL 33870	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
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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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME KECK, BLANCHE I.,	1.1 TITLE	1.2 NAME
STREET ADDRESS 413 NE LAKEVIEW DR.	CITY-ST-ZIP SEBRING FL	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE D	NAME KECK, JAMES M	2.1 TITLE	2.2 NAME
STREET ADDRESS PO BOX 1401	CITY-ST-ZIP DELAND FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE D	NAME KECK, KENNETH O	3.1 TITLE	3.2 NAME
STREET ADDRESS 350 9 ST SE #12	CITY-ST-ZIP WASHINGTON DC	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE D	NAME KECK, JANET L	4.1 TITLE	4.2 NAME
STREET ADDRESS 9918 GROVE WAY, BLDG D	CITY-ST-ZIP WESTMINSTER CO	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	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: *[Signature]* **1/23/98** **941-385-1323**

CR2E034 (10/97)