

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90105 003 ***150.00

DA595930 AV

DOCUMENT # M65188

1. Entity Name
KECK GROVES, INCORPORATED

Principal Place of Business 2302 FAIRMOUNT AVE LAKELAND FL 33803	Mailing Address 2302 FAIRMOUNT AVE LAKELAND FL 33803
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2302 FAIRMOUNT AVE.	3. Mailing Address 2302 FAIRMOUNT AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LAKELAND, FLORIDA	City & State LAKELAND, FLORIDA	4. FEI Number 59-2870283	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip 33803	Country USA	Zip 33803	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KECK, KENNETH 2302 FAIRMOUNT AVE LAKELAND FL 33803		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KECK, JAMES M		NAME	
STREET ADDRESS PO BOX 1401		STREET ADDRESS	
CITY-ST-ZIP DELAND FL 32721		CITY-ST-ZIP	
TITLE STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KECK, KENNETH O		NAME	
STREET ADDRESS 2302 FAIRMOUNT AVE		STREET ADDRESS	
CITY-ST-ZIP LAKELAND FL 33803		CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KECK, JANET L		NAME	
STREET ADDRESS 413 NE LAKEVIEW DR		STREET ADDRESS	
CITY-ST-ZIP SEBRING FL 33870		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kenneth Keck **KENNETH KECK** 14 JAN '02 863.682.1111
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)