

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22000035154

Entity Name: KEKE'S, INC.**Current Principal Place of Business:**203 E MAIN ST
SPARTANBURG, SC 29319**Current Mailing Address:**203 E MAIN ST
SPARTANBURG, SC 29319 US**FEI Number:** 88-2316768**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	DUNN, STEPHEN C
Address	203 EAST MAIN STREET
City-State-Zip:	SPARTANBURG SC 29319

Title	DIRECTOR
Name	MYERS, GAIL SHARPS
Address	203 EAST MAIN STREET
City-State-Zip:	SPARTANBURG SC 29319

Title	DIRECTOR
Name	VEROSTEK, ROBERT P
Address	203 EAST MAIN STREET
City-State-Zip:	SPARTANBURG SC 29319

Title	PRESIDENT
Name	SCHMIDT, DAVID
Address	203 EAST MAIN STREET
City-State-Zip:	SPARTANBURG SC 29319

Title	TREASURER
Name	NELL, ROSS B
Address	203 EAST MAIN STREET
City-State-Zip:	SPARTANBURG SC 29319

Title	SECRETARY
Name	MYERS, GAIL SHARPS
Address	203 EAST MAIN STREET
City-State-Zip:	SPARTANBURG SC 29319

Title	ASST. SECRETARY
Name	TAYLOR, JASMINE E
Address	203 EAST MAIN STREET
City-State-Zip:	SPARTANBURG SC 29319

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROSS B. NELL**TREASURER****02/14/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date