

2023 FLORIDA PROFIT CORPORATION AMENDED 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:** Yes**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 NICHOLS, CURTIS L. JR.
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: GAIL SHARPS MYERS**DIRECTOR****06/27/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date