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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000054311 (4)

KEITH ASSOCIATES, INC.

Principal Place of Business	Mailing Address			
1722 STAYSAIL DR VALRIGO FL 33594	1722 STAYSAIL OR VALRICO FL 33594-4433			

FILED May 09 1997 8:00am Secretary of State



i integral i la	CE OF Edulificas	ivia	iing Address						
1722 STAYSA VALRIGO FL			2 STAYSAIL DR LRICO FL 33594-4433						
						3. Date Incorporated or Qualified 07/17/1993	3a. Date of t	•	
2. Principal Place of Business			2a. Mailing Address			4. FEI Number		Applied For	
21		26				59-3194585		Not Applicable	
Surte, Apt. #, etc 22		27	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required,			
City & Sta	ite		City & State			6. Election Campaign Financing	\$	5.00 May Be	
23			28			Trust Fund Contribution Added to Fees			
Zip	<u> </u>		Zip Country		8. This corporation has liability for intangible tax under s. 199.032,				
24	25 9. Name and Address of Curr	29		30		Florida Statutes	Yes No	· · · · · · · · · · · · · · · · · · ·	
1/2		aur weðisr	ered Agent	81	Name	10. Name and Address of New R	egistered Agent		
	SITH, WILLIAM C			[01]	Harrie	•			
1722 STAYSAIL DR VALRICO FL 33594				82	82 Street Address (P.O. Box Number is Not Acceptable)				
				83					
				84	City		FL 85	Z _t p Code	
11. Pursuani office or agent. I.	t to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obl	502 and 60 te of Floridigations of,	7.1508, Florida Statu a. Such change was Section 607.0505, F	ites, the above authorized by lorida Statutes	named cor the corpora	poration submits this statement for the attorn's board of directors. I hereby acception's	nuronee of chang	ging its registered int as registered	
SIGNATURE.						Hred when reinstating)			
12.	OFFICERS A			13.	nt signature requ	ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRE	CTORS IN 12	
TIFLE	PV		DELETE	1.1 TITLE		7,00110100111102010 0111	☐ Ch		
NAME	KEITH, WILLIAM C			1.2 NAME	İ				
STREET ADORESS	4500 051110411 00			1.3 STREET	ADDRESS				
CITY-ST-74P	VALRICO FL 33594			1.4 C(TY-S					
TITLE	VP		☐ DELETE	2.1 TETLE			☐ Ch	ange Addition	
NAME	WILLIAM C. KEITH			2.2 NAME				•	
STREET ADORESS	AREA OF IVALUE DO			2.3 STREET	ADDRESS				
CITY - ST - ZIF	VALRICO FL			2 4 CITY-5					
TITLE			DELETE	3.1 TITLE			☐ Ch	ange Addition	
NAME				3.2 NAME				-	
STREET ADORESS				3.3 STREET	ADDRES\$				
CITY+S1-2IP				3.4. CITY - S	T-ZIP				
TITLE			DELETE	4.1 TITLE			☐ Ch	ange Addition	
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET	ADDRESS				
CHY-ST-ZIP				4.4 CITY - S	r- ZIP				
THILE			DELETE	5.1 TITLE			☐ Ch	ange 🔲 Addition	
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREET	ADDRESS				
C-1Y-ST-7/P				5.4 CITY-S	r-zie				
TITLE			DELETE	6.1 TITLE			☐ Ch	ange 🔲 Addition	
NAME				62 NAME					
STREET ADDRESS				6.9 STREET	ADDRESS				
CITY - ST - ZIP				6.4 CITY-S	- ZIP				

14. I do 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 Blocky33 if changed, of on an allachment with an address.

SIGNATURE: