

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Morrison
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

55 JAN 19 PM 1:05

DOCUMENT # 105832 (0)

1. Corporation Name
KELLY TRACTOR CO

Principal Place of Business Mailing Address
8255 N.W. 58TH ST. 8255 N.W. 58TH ST.
BOX 520775 BOX 520775
MIAMI FL 33152 MIAMI FL 33152

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/30/1925 3a. Date of Last Report 04/22/1994
4. FEI Number 59-0197630 Applied For Not Applicable
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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
22 Suite, Apt. #, etc. 27 Suite, Apt. # etc.
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
KELLY, NICHOLAS D.
8255 N.W. 58TH STREET
MIAMI FL 33166

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

*1. 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 _____ (Signature, last and first name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SVD
NAME	KELLY, NICHOLAS D.
STREET ADDRESS	8255 NW 58 STREET
CITY- ST- ZIP	MIAMI FL
TITLE	D
NAME	KELLY, MARJORIE
STREET ADDRESS	235 E ARCADE
CITY- ST- ZIP	CLEWISTON FL
TITLE	D
NAME	SHELLEY, EVELYN J
STREET ADDRESS	2845 GRANADA BLVD APT 3B
CITY- ST- ZIP	CORAL GABLES FL
TITLE	D
NAME	KELLY, ROBERT W
STREET ADDRESS	136 W CIRCLE DRIVE
CITY- ST- ZIP	CLEWISTON FL
TITLE	CD
NAME	KELLY, LOYD G
STREET ADDRESS	11095 S W 53 AVE
CITY- ST- ZIP	MIAMI FL
TITLE	PTD
NAME	KELLY, PATRICK L
STREET ADDRESS	2200 N GREENWAY DRIVE
CITY- ST- ZIP	CORAL GABLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 checked, or on an attached sheet with an address.

SIGNATURE: Nicholas D. Kelly 1-9-95 592-5360
INITIALS AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Issue