

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mothman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **105832** (0)

1. Corporation Name
KELLY TRACTOR CO



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

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

3. Date Incorporated or Qualified: **11/30/1925**
3a. Date of Last Report: **01/19/1995**
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

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: 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.002 and 607.1506, 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, Sections 607.009, Florida Statutes.

SIGNATURE: _____ (Print Name) _____ (Print Title) _____ (Print Office)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SVD	1. TITLE	V
NAME	KELLY, NICHOLAS D.	12. NAME	JULIAN, K. DAVID
STREET ADDRESS	8255 NW 58 STREET	13. STREET ADDRESS	5421 S W 39 WAY
CITY, ST, ZIP	MIAMI FL	14. CITY, ST, ZIP	FT LAUDERDALE FL 33312
TITLE	D	2. TITLE	D
NAME	KELLY, MARJORIE	22. NAME	KELLY, EILEEN I.
STREET ADDRESS	235 E ARCADE	23. STREET ADDRESS	11095 S W 53 AVENUE
CITY, ST, ZIP	CLEWISTON FL	24. CITY, ST, ZIP	MIAMI FL
TITLE	D	3. TITLE	
NAME	SHELLEY, EVELYN J	32. NAME	
STREET ADDRESS	2845 GRANADA BLVD APT 3B	33. STREET ADDRESS	
CITY, ST, ZIP	CORAL GABLES FL	34. CITY, ST, ZIP	
TITLE	D	4. TITLE	
NAME	KELLY, ROBERT W	42. NAME	
STREET ADDRESS	136 W CIRCLE DRIVE	43. STREET ADDRESS	
CITY, ST, ZIP	CLEWISTON FL	44. CITY, ST, ZIP	
TITLE	CD	5. TITLE	
NAME	KELLY, LOYD G	52. NAME	
STREET ADDRESS	11095 S W 53 AVE	53. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	54. CITY, ST, ZIP	
TITLE	PTD	6. TITLE	
NAME	KELLY, PATRICK L	62. NAME	
STREET ADDRESS	2200 N GREENWAY DRIVE	63. STREET ADDRESS	
CITY, ST, ZIP	CORAL GABLES FL	64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied within this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 this 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 changed, or on an attachment with an address.

SIGNATURE: *Nicholas D. Kelly* **Nicholas D. Kelly** January 17, 1996 592-5360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (12/95)