

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

AMENDED ANNUAL REPORT  
 FILED  
 96 NOV 26 AM 9:37

DOCUMENT # 377427  
 1. Corporation Name  
 ANDREW J. KELKER, INC

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 200002016962--7  
 -12/02/96--01022--009  
 \*\*\*\*\*61.25 \*\*\*\*\*61.25

Principal Place of Business Mailing Address  
 3704 HOLLY GROVE AVE SAME  
 JACKSONVILLE, FL 32217

3. Date Incorporated or Qualified 7-1-79  
 3a. Date of Last Report 3-14-96  
 4. FEI Number 59-1552805 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 3704 HOLLY GROVE AVE 26  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 27  
 City & State City & State  
 23 JACKSONVILLE FL 28  
 Zip Country Zip Country  
 24 32217 25 USA 29 30

9. Name and Address of Current Registered Agent  
 BETTY RUTH KELKER, PRESIDENT  
 3704 HOLLY GROVE AVE  
 JACKSONVILLE, FL 32217

10. Name and Address of New Registered Agent  
 81 Name MARCIA A. WILKINSON  
 82 Street Address (P.O. Box Number is Not Acceptable) 3704 HOLLY GROVE AVE  
 83  
 84 City JACKSONVILLE FL 85 Zip Code 32217

11. 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 Marcia A. Wilkinson DATE 11-22-96  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTY RUTH KELKER	1.2 NAME	MARCIA A. WILKINSON
STREET ADDRESS	3704 HOLLY GROVE AVE	1.3 STREET ADDRESS	3704 HOLLY GROVE AVE
CITY-ST-ZIP	JACKSONVILLE FL 32217	1.4 CITY-ST-ZIP	JACKSONVILLE FL 32217
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	BETTY RUTH EAKIN
STREET ADDRESS		2.3 STREET ADDRESS	5443 CRUZ ROAD
CITY-ST-ZIP		2.4 CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marcia A. Wilkinson DATE 10-7-96 DAYTIME PHONE 904 739-0385  
Signature and typed or printed name of signing officer or director

CR2E034 (3/96)