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

PROFIT CORPORATION. ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 377497 M

1. Corporation ANDRE	W J. KELKER, INC.	(0)			18	
Principal Place of Business 3704 HOLLY GROVE AVE JAX FL 32217 US		Mailing Address 3704 HOLLY GROVE AVE JAX FL 32217-4234 US				
				3. Date Incorporated or Qualified 02/18/1971	3a. Date of Last Report 03/26/1996	
2. Principal P	lane of Business	2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt	# pte	Suite, Apt. #, etc.		59-1552805	Not Applicable \$8.75 Additional	
22	<i>n</i> , 000	27		5. Certificate of Status Desired	Fee Required	
City & Stali	0	City & State		6. Election Campaign Financing	\$5.00 May Be	
23	and the second s	[28]	···· · · · · · · · · · · · · · · · · ·	Trust Fund Contribution	Added to Fees	
Zip Til	Country	Zip	Country	8. This corporation has liability for		
24	25 9. Name and Address of Current		30	Florida Statutes 10. Name and Address of New R	Yes No	
KE	LKER, BETTY R		81 Name			
3909 SAN BERNADO DRIVE JACKSONVILLE FL 32217				WILKINSON, MARCIA A 82 Street Address (P.O. Box Number is Not Acceptable) 3704 HOLLY GROVE AVE		
			3			
			83			
			84 City		85 Zip Code	
14 F				KSONVILLE	FL 85 Zip Code 32217	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State	e and 607.1508, Fiorida Statute of Florida. Such change was a	s, the above-named c uthorized by the corpo	orporation submits this statement for the tration's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered	
agent ra	m tamu ar with, and accept the obliga	itions of, Section 607.0505, Flor	rida Statutes.			
SIGNATURE	Signarure, Noe-Har printed manural requirered agen		RCIA A. WI Registered Agent signature re		N1 2-9-1	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12	
Titut	SD	☐ DELETE	1.1 TITLE	PRESIDENT DIRECTO	Change 🔲 Addition	
NAME	ADAMS, WILLIAM			MARCIA A. WILKINS		
STREET ADDRESS	13100 PINE BOROUCH			3704 HOLLY GROVE		
CITY-ST-ZIP	PAUM BCH GARDENS FL PD	DELETE	1.4 CITY-ST-ZIP	TACK SONVILLE PL	32217-4234	
TITLE	KELKER, BETTY RUTH	CZ DELETE	2.1 TITLE	vice president of	RECTOR Change Addition	
NAME COURT ADVANCED	3704 HOLLY GROVE AVE		2.2 NAME	BETTY RUTH BAKIN		
STREET ADDRESS CITY: ST-ZIP	JACKSONVILLE FL			5443 CRUZ ROAD	32207	
TITLE		DELETE	2.4 CITY+ST-ZIP 3.1 TITLE	JACKBONVILLE PL	Change Addition	
NAME		,	3.2 NAME		Breat State	
STREET ADDRESS		•	3.3 STREET ADDRESS			
C(1) t - S" - 2(P			3.4. CITY - ST- ZIP			
TELE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CiTy - ST - 7IP			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - S1 - ZIF		- L BECETE	5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME]	
STREET ADDRESS			6.3 STREET ADDRESS			
CH r · S? · ZIP			6.4 CITY - ST - 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 Block 13 if changed, or on an attachment with an address. 904

FILED

Feb 21 1997 8:00am

Secretary of State