

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

**FILED**  
**May 21 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 377427 (0)**

1. Corporation Name  
**ANDREW J. KELKER, INC.**



Principal Place of Business <b>3704 HOLLY GROVE AVE                  JACKSONVILLE FL 32217                  US</b>	Mailing Address <b>3704 HOLLY GROVE AVE                  JACKSONVILLE FL 32217                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>10248 N. RANGE LINE RD</b> Suite, Apt. #, etc. 22 City & State 23 <b>MEQUON WI</b> Zip 24 <b>53092</b> Country <b>USA</b> 25 <del>GERMANY</del>	2a. Mailing Address 26 <b>10248 N. RANGE LINE RD.</b> Suite, Apt. #, etc. 27 City & State 28 <b>MEQUON WI</b> Zip 29 <b>53092</b> Country <b>USA</b> 30 <del>GERMANY</del>
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3. Date Incorporated or Qualified <b>02/18/1971</b>	4. FEI Number <b>59-1552805</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>WILKINSON, MARCIA A                  3704 HOLLY GROVE AVE.                  JACKSONVILLE FL 32217</b>	10. Name and Address of New Registered Agent 81 Name <b>BETTY RUTH EAKIN</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>5443 CRUZ RD.</b> 83 84 City <b>JACKSONVILLE</b> FL 85 Zip Code <b>32207</b>
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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: *Betty Ruth Eakin* **BETTY RUTH EAKIN, V.P.** *Marcia A. Wilkinson* **MARCIA A. WILKINSON, P.** 5-10-98  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MARCIA A. WILKINSON 3704 HOLLY GROVE AVE. JACKSONVILLE FL</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD EAKIN, BETTY RUTH 5443 CRUZ RD. JACKSONVILLE FL</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

14. I 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.

SIGNATURE: *Marcia A. Wilkinson* **MARCIA A. WILKINSON** 5-10-98 **414 512-1573**  
 as of 5/15/98

CR2E034 (10/97)