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Feb 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 605008 (2)
1. Corporation Name
KIEVIT, KELLY & ODOM, P.A.



Principal Place of Business Mailing Address
15 W MAIN ST PENSACOLA FL 32501
15 W MAIN ST PENSACOLA FL 32501-5927

3. Date Incorporated or Qualified 02/01/1974
3a. Date of Last Report 03/25/1996
4. FEI Number 59-1391967 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 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
KIEVIT, ROBERT W
15 W MAIN ST
PENSACOLA, FL
32501

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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	KIEVIT, ROBERT W	
STREET ADDRESS	15 W MAIN ST	
CITY-ST-ZIP	PENSACOLA, FL 00000	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	RAY JR, LOUIS F	
STREET ADDRESS	15 W MAIN ST	
CITY-ST-ZIP	PENSACOLA, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KELLY, II, JOHN BARRY	
STREET ADDRESS	15 W. MAIN ST.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kievit, Robert W.	
1.3 STREET ADDRESS	15 W. Main St.	
1.4 CITY-ST-ZIP	Pensacola, FL 32501	
2.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Odom, Bradley S.	
2.3 STREET ADDRESS	15 W. Main St.	
2.4 CITY-ST-ZIP	Pensacola, FL 32501	
3.1 TITLE	V/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kelly, II, John Barry	
3.3 STREET ADDRESS	15 W. Main St.	
3.4 CITY-ST-ZIP	Pensacola, FL 32501	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *Robert W. Kievit* ROBERT W. KIEVIT 2/21/97 (904)434-3527
Date Daytime Phone

CR2E034 (9/96)