

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000086520 (1)

1. Corporation Name

KELLI WYNELLE CORP.



Principal Place of Business

Mailing Address

~~1201 HAYS ST.~~
~~TALLAHASSEE FL 32301~~

~~1201 HAYS ST.~~
~~TALLAHASSEE FL 32301~~

3. Date Incorporated or Qualified
11/29/1994

3a. Date of Last Report
02/01/1995

2. Principal Place of Business

2a. Mailing Address

21 3428 UMBER Rd

26 3428 UMBER Rd

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 HOLIDAY, FLORIDA

27 HOLIDAY, FLORIDA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 34691

28 HOLIDAY, FLORIDA

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

Country

25 USA

Zip

29 34691

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)