

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000130407

**Entity Name:** TOM KELLY, INC.

**Current Principal Place of Business:**

6700 S. FLORIDA AVENUE  
SUITE 28  
LAKELAND, FL 33813-3312

**Current Mailing Address:**

6700 S. FLORIDA AVENUE  
SUITE 28  
LAKELAND, FL 33813-3312 US

**FEI Number:** 20-1629124

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CLARKE, FRANK D  
6700 S. FLORIDA AVENUE  
SUITE 28  
LAKELAND, FL 33813-3312 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name KELLY, THOMAS HJR  
Address 5101 RIVER ROAD  
APT 206  
City-State-Zip: BETHESDA MD 20816

Title VP  
Name CLARKE, FRANK D  
Address 6700 S. FLORIDA AVENUE, SUITE 28  
City-State-Zip: LAKELAND FL 33813-3312

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** FRANK DAVID CLARKE

VP

02/05/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date