


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

FILED
Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **002587** (4)

1. Corporation Name
KYLE AND MCLELLAN, INC.

Principal Place of Business 8261 CONCORD BLVD., EAST 17 WEST UNION ST JACKSONVILLE FL 32208 US	Mailing Address 8261 CONCORD BLVD EAST JACKSONVILLE FL 32208 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4975 San Jose Blvd. Suite, Apt. #, etc. 22 #216 City & State 23 Jacksonville, FL Zip 24 32208		2a. Mailing Address 26 4975 San Jose Blvd. Suite, Apt. #, etc. 27 #216 City & State 28 Jacksonville, FL Zip 29 32207		3. Date Incorporated or Qualified 01/01/1903	
Country 25 Duval		Country 30 Duval		4. FEI Number 59-0560485 Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MCLELLAN, S M
8261 CONCORD BLVD EAST
JACKSONVILLE FL 32208**

10. Name and Address of New Registered Agent

81 Name McLellan, S.M.
82 Street Address (P.O. Box Number is Not Acceptable) 4975 San Jose Blvd. #216
83
84 City Jacksonville
85 Zip Code FL 32207

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	S	<input type="checkbox"/> DELETE
NAME	HILL, PATRICIA M.	
STREET ADDRESS	8261 CONCORD BLVD E	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	MCLELLAN, S M	
STREET ADDRESS	8261 CONCORD BLVD E	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	S Hill, Patricia M.
1.3 STREET ADDRESS	4975 San Jose Blvd. #216
1.4 CITY-ST-ZIP	Jacksonville, FL 32207
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	McLellan, S.M.
2.3 STREET ADDRESS	4975 San Jose Blvd. #216
2.4 CITY-ST-ZIP	Jacksonville, FL 32207
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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: *S.M. McLellan*

S.M. MCLELLAN

3/11/98

904-317-8491

CR2E034 (10/97)