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Jan 22 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 # 105832 (0)

1. Corporation Name  
KELLY TRACTOR CO

Principal Place of Business  
8255 N.W. 58TH ST.  
BOX 520775  
MIAMI FL 33152

Mailing Address  
8255 N.W. 58TH ST.  
BOX 520775  
MIAMI FL 33152-0775



3. Date Incorporated or Qualified 11/30/1925  
3a. Date of Last Report 01/25/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-0197630		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24		25		29		30	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent

KELLY, NICHOLAS D.  
8255 N.W. 58TH STREET  
MIAMI FL 33166

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 Nicholas D. Kelly, Executive Vice President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SVD	1.1 TITLE	V
NAME	KELLY, NICHOLAS D.	1.2 NAME	K. David Julian
STREET ADDRESS	8255 NW 58 STREET	1.3 STREET ADDRESS	5421 SW 39 WAY
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Ft. Lauderdale FL 33312
TITLE	D	2.1 TITLE	Robert L. Baldwin
NAME	KELLY, MARJORIE	2.2 NAME	9283 SW 106 ST
STREET ADDRESS	235 E ARCADE	2.3 STREET ADDRESS	MIAMI FL 33176
CITY-ST-ZIP	CLEWISTON FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	Eileen I. Kelly
NAME	SHELLEY, EVELYN J	3.2 NAME	11095 SW 53 AVE
STREET ADDRESS	2845 GRANADA BLVD APT 3B	3.3 STREET ADDRESS	MIAMI FL 33156
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	KELLY, ROBERT W	4.2 NAME	
STREET ADDRESS	136 W CIRCLE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	4.4 CITY-ST-ZIP	
TITLE	CD	5.1 TITLE	
NAME	KELLY, LOYD G	5.2 NAME	
STREET ADDRESS	11095 S W 53 AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	PTD	6.1 TITLE	
NAME	KELLY, PATRICK L	6.2 NAME	
STREET ADDRESS	2200 N GREENWAY DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	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:

Nicholas D. Kelly 1-9-97 305-592-5360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0207445

CR2E034 (9/96)