

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90037 042 \*\*\*158.75

DOCUMENT # 105832

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/30/1925**

4. FEI Number  
**59-0197630**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. ☐ 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

**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

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 **SVD**  
NAME **KELLY, NICHOLAS D.**  
STREET ADDRESS **8255 NW 58 STREET**  
CITY-ST-ZIP **MIAMI FL**

☐ DELETE

TITLE **D**  
NAME **KELLY, MARJORIE**  
STREET ADDRESS **235 E ARCADE**  
CITY-ST-ZIP **CLEWISTON FL**

☐ DELETE

TITLE **D**  
NAME **SHELLEY, EVELYN J**  
STREET ADDRESS **2845 GRANADA BLVD APT 3B**  
CITY-ST-ZIP **CORAL GABLES FL**

☐ DELETE

TITLE **D**  
NAME **KELLY, ROBERT W**  
STREET ADDRESS **136 W CIRCLE DRIVE**  
CITY-ST-ZIP **CLEWISTON FL**

☐ DELETE

TITLE **CD**  
NAME **KELLY, LOYD G**  
STREET ADDRESS **11095 S W 53 AVE**  
CITY-ST-ZIP **MIAMI FL**

☐ DELETE

TITLE **PTD**  
NAME **KELLY, PATRICK L**  
STREET ADDRESS **2200 N GREENWAY DRIVE**  
CITY-ST-ZIP **CORAL GABLES FL**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **V** ☐ Change ☐ Addition

1.2 NAME **JULIAN, K. DAVID**

1.3 STREET ADDRESS **5421 SW 39 WAY**

1.4 CITY-ST-ZIP **FT LAUDERDALE FL 33312**

2.1 TITLE **V** ☐ Change ☐ Addition

2.2 NAME **BALDWIN, ROBERT L.**

2.3 STREET ADDRESS **9283 SW 106 ST**

2.4 CITY-ST-ZIP **MIAMI FL 33176**

3.1 TITLE **D** ☐ Change ☐ Addition

3.2 NAME **KELLY, EILEEN I.**

3.3 STREET ADDRESS **11095 SW 53 AVE**

3.4 CITY-ST-ZIP **MIAMI FL**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

*Michael J. Kelly* Executive Vice Pres.

1/5/1999 (305) 592-531

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #