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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 328758 (8)

1. Corporation Name

KELLY SHEET METAL, INC.



Principal Place of Business

Mailing Address

P O BOX 6067  
4711 CAPITAL CIRCLE SW.  
TALLAHASSEE FL 32310-7568

P O BOX 6067  
4711 CAPITAL CIRCLE SW.  
TALLAHASSEE FL 32310-7568

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KELLY, M D  
4711 CAPITAL CIRCLE SW  
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 NAME STREET ADDRESS CITY-STATE-ZIP

VD KELLY, WANDA G RT. 1, BOX 1825 HAVANA FL

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

SD KELLY, LENA M RT 2 BOX 88A QUINCY, FL 00000

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

VD OVERSTREET, DIANE K RT 1 BOX 1825 HAVANA, FL 00000

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TD KELLY, TAYLOR M ROUTE 2 BOX 88A QUINCY, FL 00000

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

PD KELLY, M D ROUTE 2 BOX 88A QUINCY, FL 00000

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-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:

Taylor M. Kelly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/96 (94) 878-1101

Date Daytime Phone #

CR2E034 (12/95)