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

DOCUMENT # 328758 1. Corporation Name

KELLY SHEET METAL, INC.

						!	<u> 1814 (1888) Barrol (1814 bilbar</u>	LIZIS BIBII BIBII	1181) Bibli 1811	
Principal Place of Business Mailing Address										
P O BOX 6067 P O BOX 6067										
4711 CAPITAL C		4711 CAPITAL CIRCLE SW.				DO NOT WRITE IN THIS SPACE				
TALLAHASSEE FL 32310-7568 TALLAHASSEE FL 32310-7568						3. Date Incorporated or Qualifed				
			·			04/11/1968	I Qualifed			
Principal Place of Business Za. Mailing Address			<u>-</u>			4. FEI Number		A	pplied For	
21		26				59-1208669		Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.						-5Certifcate of Status	Desired		Additional	
27					,	J. Certificate of Status	Desired	Fee R	equired	
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution S 5.00 May Be Added to Fees				
23		28								
Zip	ip Country Zip					8. This corporation owes the current year Intangible				
24	25 29 30			Personal Property Tax. Yes No						
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address	of New Registered	Agent		
			81	Nan	ne					
KELLY,M D			82	Stre	treet Address (P.O. Box Number is Not Acceptable)					
4711 CAPITAL CIRCLE SW			*-			741000 (1.101 201 101100)				
TALL	AHASSEE FL 32301		83						į	
			84	C:5			<u>.</u>	85 Zip	Code	
				City			Fi	_ 65 2.5	Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	the abov	e-nam	ed corpor	ration submits this statem	ent for the purpose o	f changing it	s registered	
office or re	egistered agent, or both, in the State n familiar with, and accept the oblig	a of Florida. Such change was autr	ionzed by	the co	orporation	i's board of directors. I he	reby accept the appo	ointment as F	egistered	
	m tamiliai with, and accept the oblig	ations of, Deciden Gov. 0000, Florid	a Olalaici							
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: Re	gistered Age	nt signati	re required v	when reinstating)	DATE			
12.		ND DIRECTORS	13.			ADDITIONS/CHANGE	ES TO OFFICERS A			
TITLE	VD	☐ DELETE	1.1 TITLE					Change	☐ Addition	
NAME	KELLY, WANDA G		1.2 NAME		Wa	and a K. Po.	PPCII			
STREET ADDRESS	RT. 1, BOX 1825		1.3 STREE	T ADDRE	SS R+	and a K. Po. 395	5/			
CITY-ST-ZIP	HAVANA FL		1.4 CITY-S			ivana FL 3				
TITLE	SD DELETE 2.1T				-			Change	☐ Addition	
NAME			2.2 NAME		,			,-		
STREET ADDRESS	-		2.3 STREE	2.3 STREET ADDRESS C		44 Box 318 Wincy FL 32351				
CITY-ST-ZIP			2.4 CITY-		101	incl. FL.	32351			
TITLE			3.1 TITLE	, <u> </u>	- -	ming.		Change	☐ Addition	
NAME	OVERSTREET, DIANE K		3.2 NAME				_	. /		
STREET ADDRESS	RT 1 BOX 1825		3.3 STREE	T ANDRE	ss 51	7 MEadow	Ridac G	<i>f</i> .		
	HAVANA, FL 00000		3.4. CITY-5		Ta	Marassco	FL 31	.312		
CITY-ST-ZIP TITLE	TD	☐ DELETE	4.1 TITLE	31-211	7.7	714.0000	, ,	3/2 Thange	Addition	
1	KELLY, TAYLOR M		4.2 NAME		İ			/		
NAME	ROUTE 2 BOX 88A		4.2 NAME	T ADDDO	es P.	+ 4 Box 3/8	8			
STREET ADDRESS	QUINCY, FL 00000		•		~ (~)					
CITY-ST-ZIP	PD	☐ DELETE	4.4 CITY-5 5.1 TITLE	11-417	- <i>Y</i>	uncy re	<u> 3235/</u>	hange	Addition	
TITLE (· ·		5.1 INCE					7	_ `	
NAME	KELLY, M D		5.3 STREE	T ADDPO	ss Z	+ 4 BXX311	8			
STREET ADDRESS	ROUTE 2 BOX 88A		5.4 CITY-S				32351	,		
CiTY+ST-ZIP	QUINCY, FL 00000	□ DELETE	6.1 TITLE	ı ı- ZIF	41	uncy pu		☐ Change	Addition	
TITLE I		☐ nereie	V.1 111CL		1	•				

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90062 021 ***150.00