

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Candra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 11 PM 8:37**

**DOCUMENT # 364850 (8)**

1. Corporation Name  
**KELCO, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business      Mailing Address  
**4600 CLEVELAND AVE.  
FORT MYERS FL 33907**      **4600 CLEVELAND AVE.  
FORT MYERS FL 33907**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**06/01/1970**      **06/16/1994**

4. FEI Number      Applied For  
**59-1295629**      Not Applicable

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

6. Election Campaign Financing       **\$5.00 May Be  
Trust Fund Contribution      Added to Fees**

8. This corporation has liability for intangible tax under S. 199.092,  
Florida Statutes       Yes       No

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      29      30

9. Name and Address of Current Registered Agent

**KELLUM, KENNETH W  
1343 SHADOW LANE  
FT. MYERS FL 33901**

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      VS

NAME      **KELLUM, THERESA**

STREET ADDRESS      **1343 SHADOW LANE**

CITY - ST - ZIP      **FT MYERS, FL 00000**

TITLE      P

NAME      **KELLUM, KENNETH W**

STREET ADDRESS      **1343 SHADOW LANE**

CITY - ST - ZIP      **FT MYERS, FL 00000**

TITLE      T

NAME      **KELLUM, KENNETH W., III**

STREET ADDRESS      **4789 SANTA DEL RAE**

CITY - ST - ZIP      **FT MYERS, FL 00000**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE       Change       Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE       Change       Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE       Change       Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE       Change       Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE       Change       Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE       Change       Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - 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 asterisk.

SIGNATURE:      **KENNETH W. KELLUM, III**      OFFICER OR DIRECTOR      **04/06/95**      **813-936-7106**