

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

FILED

Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 495947 (4)
1. Corporation Name
KELLY ELECTRIC, INC.

Principal Place of Business
10784 SATELLITE BLVD.
ORLANDO FL 32837-8421

Mailing Address
10784 SATELLITE BLVD.
ORLANDO FL 32837-8421



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2100 Consulate Drive Suite, Apt. #, etc. 22 Suite 100 City & State 23 Orlando, FL Zip 24 32837		2a. Mailing Address 26 2100 Consulate Drive Suite, Apt. #, etc. 27 Suite # 100 City & State 28 Orlando, FL Zip 29 32837		3. Date Incorporated or Qualified 02/03/1976	
Country 25 U.S.A.		Country 30 U.S.A.		4. FEI Number 59-1646018 Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOMAS, ANN M.
10784 SATELLITE BLVD
ORLANDO FL 32837

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83 Suite 100	
84 City	FL
Orlando	32837

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, JAMES D	1.2 NAME	
STREET ADDRESS	10784 SATELLITE BLVD	1.3 STREET ADDRESS	2100 Consulate Dr. Ste 100
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	Orlando, FL 32837
TITLE	T	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, JANE M.	2.2 NAME	
STREET ADDRESS	10784 SATELLITE BLVD	2.3 STREET ADDRESS	2100 Consulate Drive, Ste. 100
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	Orlando, FL 32837
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOMAS, ANN M.	3.2 NAME	
STREET ADDRESS	10784 SATELLITE BLVD	3.3 STREET ADDRESS	2100 Consulate Dr., Ste 100
CITY - ST - ZIP	ORLANDO FL	3.4 CITY - ST - ZIP	Orlando, FL 32837
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

SIGNATURE:  ANN M. LOMAS 4/10/98 407-859-8801

CR2E034 (10/97)