

FILE NOW: FILING FEE AFTER MAY 1 IS:25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 548182 (5)

1. Corporation Name:

KELLY BROTHERS TRACTOR SERVICE, INC.



Principal Place of Business

605 EAST MIDWAY RD.
FT. PIERCE FL 34982-6475

Mailing Address

605 EAST MIDWAY RD.
FT. PIERCE FL 34982-6475

3. Date Incorporated or Qualified
10/01/1977

3a. Date of Last Report
05/01/1995

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ 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

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25

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30

9. Name and Address of Current Registered Agent

KELLY, ROBERT A.
605 EAST MIDWAY ROAD
FT PIERCE FL 34982

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 607.1504, 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 the corporation

Typed, signed and dated signature of registered agent (not required)

Date

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP
PTD
KELLY, MARVIN D.
605 EAST MIDWAY RD
FORT PIERCE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP
VPS
KELLY, ROBERT A
605 EAST MIDWAY RD
FORT PIERCE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

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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 address.

SIGNATURE

Robert A. Kelly

Robert A. Kelly

4-29-96 (407) 464-2286

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)