

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS**FILED**

95 JUL 14 AM 11:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 568655

(5)

1. Corporation Name

VERNON A. KELLY, INC.

Principal Place of Business

1221 S. 1ST ST. #TH2
JACKSONVILLE BCH. FL 32250

Mailing Address

1221 S. 1ST ST. #TH2
JACKSONVILLE BCH. FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1978

3a. Date of Last Report

03/29/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-1815168

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under S. 100.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KELLY, VERNON A. (JR.)
1221 S. 1ST ST. #TH2
JACKSONVILLE BCH. FL 32250

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PTD
KELLY, VERNON A. (JR.)
1221 S. 1ST ST. #TH2
JACKSONVILLE BCH. FL1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
S
KELLY, NANCY J.
1221 S. 1ST ST. #TH2
JACKSONVILLE BCH. FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP☐ Change ☐ Addition

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 110.07(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: *Vernon A. Kelly Jr.* VERNON A. KELLY JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULY 7, 1995 904-285-3700

(Date)

(Telephone Number)