FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:09

DOCUMENT # 685220 (6)

1. Corporation Name
KELLY BROWN COMPANY

Principal Place of Business
P.O. BOX 3474
~~325 N. RIFLE RANGE RD.~~
LAKE WALES FL 33859-3474

Mailing Address
P.O. BOX 3474
~~325 N. RIFLE RANGE RD.~~
LAKE WALES FL 33859-3474

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/25/1980
3a. Date of Last Report: 05/01/1994

21 2. Principal Place of Business: 3532 U.S. 27 South
22 Suite, Apt. #, etc.
23 City & State: Lake Wales, Fla.
24 Zip: 33853 25 Country: U.S.A.

26 2a. Mailing Address: P.O. Box 3474
27 Suite, Apt. #, etc.: 3532 U.S. 27 South
28 City & State: Lake Wales Fla.
29 Zip: 33853 30 Country: U.S.A.

4. FEI Number: 59-2045349 ☐ 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

9. Name and Address of Current Registered Agent

BROWN, S.K.
~~336 N. RIFLE RANGE RD.~~ 3532 U.S. 27 South
P.O. BOX 3474
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

81 Name: Brown S.K.
82 Street Address (P.O. Box Number is Not Acceptable): 3532 U.S. 27 South
83 P.O. Box 3474
84 City: Lake Wales Fla. FL 85 Zip Code: 33853

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: S.K. Brown (Pres.) S.K. Brown 2/15/95
(If changing Registered Agent, New Registered Agent and New Registered Office Address) (NEW Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	11 TITLE		☐ Change ☐ Addition
NAME	GIBSON, CRYSTAL L.	12 NAME		
STREET ADDRESS	290 GRAVES SPRINGS ROAD	13 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG GA	14 CITY-ST-ZIP		
TITLE	VP	21 TITLE		☐ Change ☐ Addition
NAME	POLLARD, TARA M.	22 NAME		
STREET ADDRESS	291 GRAVES SPRINGS RD.	23 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG GA	24 CITY-ST-ZIP		
TITLE	ST	31 TITLE		☐ Change ☐ Addition
NAME	SMITH, WANDA C.	32 NAME		
STREET ADDRESS	288 GRAVES SPRINGS RD.	33 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG GA	34 CITY-ST-ZIP		
TITLE	AST	41 TITLE		☐ Change ☐ Addition
NAME	BROWN, MICHAEL K.	42 NAME		
STREET ADDRESS	288 GRAVES SPRINGS RD.	43 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG GA	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is absolutely furnished and 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: S.K. Brown (Pres.) S.K. Brown 2/15/95 813/434-0993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone Number

CR4E-578

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