

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 685220 (6)

1. Corporation Name
KELLY BROWN COMPANY



Principal Place of Business
3532 US 27 SOUTH
LAKE WALES FL 33853
US

Mailing Address
P.O. BOX 3474
3532 US 27 SOUTH
LAKE WALES FL 33853
US

3. Date Incorporated or Qualified 08/25/1980
3a. Date of Last Report 02/21/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2045349

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

City & State

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

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, S.K.
3532 US 27 SOUTH
P.O. BOX 3474
LAKE WALES FL 33853

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP
NAME GIBSON, CRYSTAL L.
STREET ADDRESS 290 GRAVES SPRINGS ROAD
CITY-ST-ZIP LEESBURG GA

1.1 TITLE V.P.
1.2 NAME Crystal L. Gibson
1.3 STREET ADDRESS 145 Stoney Rd.
1.4 CITY-ST-ZIP Leesburg Ga. 31763
☒ Change ☐ Addition

TITLE VP
NAME POLLARD, TARA M.
STREET ADDRESS 291 GRAVES SPRINGS RD.
CITY-ST-ZIP LEESBURG GA

2.1 TITLE V.P.
2.2 NAME Tara M. Pollard
2.3 STREET ADDRESS 181 Stoney Rd.
2.4 CITY-ST-ZIP Leesburg Ga. 31763
☒ Change ☐ Addition

TITLE ST
NAME SMITH, WANDA C.
STREET ADDRESS 288 GRAVES SPRINGS RD.
CITY-ST-ZIP LEESBURG GA

3.1 TITLE S.T.
3.2 NAME Wanda C. Smith
3.3 STREET ADDRESS 145 Stoney Rd.
3.4 CITY-ST-ZIP Leesburg Ga. 31763
☒ Change ☐ Addition

TITLE AST
NAME BROWN, MICHAEL K.
STREET ADDRESS 288 GRAVES SPRINGS RD.
CITY-ST-ZIP LEESBURG GA

4.1 TITLE A.S.T.
4.2 NAME Michael K. Brown
4.3 STREET ADDRESS 139 Stoney Rd.
4.4 CITY-ST-ZIP Leesburg Ga. 31763
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/96 941/638-7405
9/12/434-0993

CR2E034 (12/95)