

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90255 001 ***150.00

DOCUMENT # 694339

1. Corporation Name
LINDA KELLY, INC.

Principal Place of Business
2002 SUNRISE DR
FERNANDINA BEACH FL 32034
US

Mailing Address
2002 SUNRISE DR.
FERNANDINA BEACH FL 32034-4467
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1981

4. FEI Number

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 owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 2963 B South Fletcher Av.

Suite, Apt. #, etc.

22 City & State

23 FERNANDINA BEACH, FL

24 32034 25 Country

2a. Mailing Address

26 2963 B South Fletcher Av.

Suite, Apt. #, etc.

27 City & State

28 FERNANDINA BEACH, FL

29 32034 30 Country

9. Name and Address of Current Registered Agent

KELLY, LINDA R.
2002 SUNRISE DR
FERNANDINA BEACH FL 32034

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 607.1508, 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

TITLE DPT ☐ DELETE
NAME KELLY, LINDA R
STREET ADDRESS: 2002 SUNRISE DR
CITY-ST-ZIP: FERNANDINA BEACH FL

TITLE VPS ☐ DELETE
NAME KELLY, A.R.
STREET ADDRESS: 2002 SUNRISE DR
CITY-ST-ZIP: FERNANDINA BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS:
CITY-ST-ZIP:

TITLE ☐ DELETE
NAME
STREET ADDRESS:
CITY-ST-ZIP:

TITLE ☐ DELETE
NAME
STREET ADDRESS:
CITY-ST-ZIP:

TITLE ☐ DELETE
NAME
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2963 B South Fletcher Ave
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 2963 B South Fletcher Ave
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.20.99 904 277-0843

Date

Daytime Phone #

CR2E034 (1/98)