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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 856381 (9)

1. Corporation Name

KELLEY ELECTRIC COMPANY OF MISSOURI



Principal Place of Business

Mailing Address

U S HWY 412  
P O BOX 428  
KENNETT MO 63857

POB 1032  
MUNCIE IN 47208-032  
US

3. Date Incorporated or Qualified

05/09/1983

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME WEBSTER, D.W.  
STREET ADDRESS 1010 MAIN ST.  
CITY-ST-ZIP ELKHART IN

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ST ☒ DELETE  
NAME BEARD, K.E.  
STREET ADDRESS 700 S. COUNCIL ST.  
CITY-ST-ZIP MUNCIE IN

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME GILBERT, JAN  
STREET ADDRESS 700 SOUTH COUNCIL  
CITY-ST-ZIP MUNCIE IN

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

TITLE D ☐ DELETE  
NAME HINDS, DANNY  
STREET ADDRESS 700 S. COUNCIL ST.  
CITY-ST-ZIP MUNCIE IN

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME S/T/D  
4.3 STREET ADDRESS Danny Hinds  
4.4 CITY-ST-ZIP 700 S. Council St.  
Muncie, IN 47305

TITLE P ☐ DELETE  
NAME LAWRENCE, KEN E  
STREET ADDRESS US HWY 412  
CITY-ST-ZIP KENNETT MO

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

TITLE D ☐ DELETE  
NAME KOKORELIS, WILLIAM A  
STREET ADDRESS 700 S COUNCIL  
CITY-ST-ZIP MUNCIE IN

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Danny J. Hinds, S/T/D

4/2/96

Date

317/284-4461

Daytime Phone #

CR2E034 (12/95)