

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F56803

(2)

1. Corporation Name

KELLY'S FOODS, INC.



Principal Place of Business

808 W. AMELIA ST.  
P. O. BOX 5816  
ORLANDO FL 32805-1404

Mailing Address

650 CARTER ROAD  
POST OFFICE BOX 770187  
WINTER GARDEN FL 34787  
US

3. Date Incorporated or Qualified  
12/02/1981

3a. Date of Last Report  
06/27/1995

2. Principal Place of Business

2a. Mailing Address

21 650 Carter Road

26

4. FEI Number

59-2147286

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P.O. Box 770187

27

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

City & State

23 Winter Garden, FL

28

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 34787

25 U.S.

29

30

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

KELLY, KENNETH M.  
808 W. AMELIA ST.  
ORLANDO FL 32805

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

650 Carter Road

83

84 City

Winter Garden

FL

85 Zip Code

34787

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 V ☐ DELETE

NAME KELLY, DALE M  
STREET ADDRESS 214 S. WOODLAND STREET  
CITY-ST-ZIP WINTER GARDEN FL

1.1 TITLE ☐ Change ☐ Addition

TITLE PD ☐ DELETE

NAME KELLY, KENNETH M., SR.  
STREET ADDRESS 2905 MIDSUMMER DRIVE  
CITY-ST-ZIP WINDERMERE FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ST ☐ DELETE

NAME KELLY, SHARON  
STREET ADDRESS 2905 MIDSUMMER DR.  
CITY-ST-ZIP WINDERMERE FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6000017534616  
-03/21/96--01109--005  
\*\*\*200.00

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

Date:

Daytime Phone #

1-31-96 407 654-0500

CR2E034 (12/95)

13-21-1996