

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
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



2. Principal Place of Business

21 650 Carter Road

Suite, Apt. #, etc.

22 P.O. Box 770187

City & State

23 Winter Garden, FL

Zip

24 34787

Country

25 U.S.

2a. Mailing Address

26

Suite, Apt. #, etc.

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City & State

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Zip

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Country

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3. Date Incorporated or Qualified

12/02/1981

3a. Date of Last Report

06/27/1995

4. FEI Number

59-2147286

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

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

**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

85. Zip Code

FL 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	V	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, DALE M		
STREET ADDRESS	214 S. WOODLAND STREET		
CITY-ST-ZIP	WINTER GARDEN FL		
TITLE	PD	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, KENNETH M., SR.		
STREET ADDRESS	2905 MIDSUMMER DRIVE		
CITY-ST-ZIP	WINTER GARDEN FL		
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