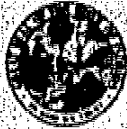


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 10:06

DOCUMENT # F60721 (0)
1. Corporation Name
KELLY COMPANIES OF LAKE CITY, INCORPORATED

Principal Place of Business Mailing Address
C/O TERRY M. KELLY PO BOX 1116
880 E. BAY AVENUE LAKE CITY FL 32056-1116
LAKE CITY FL 32055 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/04/1982 3a. Date of Last Report 03/31/1994

4. FEI Number 59-2147301 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Rt 13, Box 418 26 P.O. Box 1116
22 Suits, Apt. #, etc. 27 Suits, Apt. #, etc.
23 LAKE CITY, FL 28 LAKE CITY FL
24 32055 25 Columbia 29 32056-1116 30 Columbia

9. Name and Address of Current Registered Agent
KELLY (TERRY M.)
880 E. BAY AVENUE
LAKE CITY FL 32055
10. Name and Address of New Registered Agent
81 Name TERRY M. KELLY
82 Street Address (P.O. Box Number is Not Acceptable) RT 13, Box 418
83
84 City LAKE CITY FL 85 Zip Code 32055

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 resigning) DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME KELLY, TERRY M.
STREET ADDRESS 880 E. BAY AVE
CITY-ST-ZIP LAKE CITY, FL 00000
TITLE SD
NAME KELLY, VERONICA A.
STREET ADDRESS 880 E. BAY AVE
CITY-ST-ZIP LAKE CITY FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE P.D. ☒ Change ☐ Addition
1.2 NAME KELLY, TERRY M.
1.3 STREET ADDRESS RT 13, Box 418
1.4 CITY-ST-ZIP LAKE CITY, FL, 32055
2.1 TITLE S.D. ☒ Change ☐ Addition
2.2 NAME KELLY, VERONICA A.
2.3 STREET ADDRESS RT 13, Box 418
2.4 CITY-ST-ZIP LAKE CITY, FL, 32055
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: TERRY M. KELLY 4/17/95 904-752-1752
DATE