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

PROFIT CORPORATION ANNUAL REPORT 1998

2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F68242

(9)

2a. Mailing Address

KELLY COMMUNICATIONS, INC.

FILED
May 01 1998 8:00am
Secretary of State

Principal Place of Business	Mailing Address	
SSS GULF OF MEXICO DR. #201 LONGBOAT KEY FL 34228	5555 GULF OF MEXICO DR. #201 LONGBOAT KEY FL 34228 US	DO NOT WRITE IN THIS SPACE
US .		3. Date Incorporated or Qualified 02/22/1982

Applied For 21 26 59-2215575 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 29 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MCCRUDDEN, JAMES C

5555 GULF OF MEXICO DR #201 **LONGBOAT KEY FL 34228**

81	Name	
۲'	TYDITO	٠
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City E1 85 Zip Cox	je

4. FEt Number

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	d applicable. (NOTE	Registered Agent signature requ	lred when reinstaling)	DATE	
12.	OFFICERS AND DIREC	CTORS	13,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VSD	DELETE	1.1 TITLE		Change	Addition
NAME	MCCRUDDEN, ELEANOR H.		1.2 NAME			
STREET ADDRESS	5555 GULF OF MEXICO DR		1.3 STREET ADDRESS			
CITY-ST-ZIP	LONGBOAT KEY FL		1.4 CITY-ST-ZIP			
TITLE	PTD	☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME	MCCRUDDEN, JAMES C		2.2 NAME		:	
STREET ADDRESS	5555 GULF OF MEXICO DR		2.3 STREET ADDRESS		•	
CITY-ST-ZIP	LONGBOAT KEY FL		2.4 CITY-ST-ZIP			
TITLE	D	DELETE	3.1 TITLE		☐ Change	Addition
NAME	MCCRUDDEN, J. SHAWN		3.2 NAME			
STREET ADDRESS	200 LEXINGTON DR		3.3 STREET ADDRESS			
CITY-ST-ZWP	WASHINGTON IL		3.4, CITY-ST-ZIP			
TIFLE		DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

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 13 if changed, or an attachment with an address.

SIGNATURE: