

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jul 29 1997 8:00am
Secretary of State

DOCUMENT # F95000005614 (1)

1. Corporation Name
KELLEY INDIANA, INC.



Principal Place of Business
36 S. PENNSYLVANIA ST
SUITE 550
INDIANAPOLIS IN 46204
US

Mailing Address
36 S. PENNSYLVANIA ST
SUITE 550
INDIANAPOLIS IN 46204
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 36 South Pennsylvania
Suite, Apt. #, etc.
22 #550
City & State
23 Indianapolis, IN
Zip
24 46204 Country
25 U.S.A.

2a. Mailing Address
26 36 South Pennsylvania
Suite, Apt. #, etc.
27 #550
City & State
28 Indianapolis, IN
Zip
29 46204 Country
30 U.S.A.

3. Date Incorporated or Qualified
11/16/1995

3a. Date of Last Report
07/19/1996

4. FEI Number
35-1164047

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
KELLEY, E.W.
131 WODEN WAY SE
WINTER HAVEN FL 33884

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 *S. Sue Aramian* S. Sue Aramian July 28, 1997
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	
NAME	KELLEY, E.W.	1.2 NAME	
STREET ADDRESS	131 WODEN WAY SE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33884	1.4 CITY-ST-ZIP	
TITLE	VATD	2.1 TITLE	
NAME	KELLEY, W.W.	2.2 NAME	
STREET ADDRESS	R.R. 1, HWY 31	2.3 STREET ADDRESS	
CITY-ST-ZIP	SHARPSVILLE IN 46068	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	KELLEY, W.L.	3.2 NAME	
STREET ADDRESS	6517 GREENCASTLE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28210	3.4 CITY-ST-ZIP	
TITLE	STD	4.1 TITLE	
NAME	KELLEY, W.E.	4.2 NAME	
STREET ADDRESS	131 WODEN WAY, S.E.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33884	4.4 CITY-ST-ZIP	
TITLE	AV	5.1 TITLE	
NAME	KELLEY, CHRIS M	5.2 NAME	
STREET ADDRESS	R.R. 1 U.S. HIGHWAY 31	5.3 STREET ADDRESS	
CITY-ST-ZIP	SHARPSVILLE IN 46068	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	
NAME	ARAMIAN, S.S.	6.2 NAME	
STREET ADDRESS	19 AUGUST ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI 02908	6.4 CITY-ST-ZIP	

14. I do 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *S. Sue Aramian* S. Sue Aramian July 28, 1997 (317) 6330

CR2E034 (4/97)