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Apr 26, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000005614

1. Corporation Name
KELLEY INDIANA, INC.

Principal Place of Business

36 SOUTH PENNSYLVANIA
#550
INDIANAPOLIS IN 46204
US

Mailing Address

36 S. PENNSYLVANIA ST
SUITE 550
INDIANAPOLIS IN 46204
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1995

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 the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 36 S. Pennsylvania Street

Suite, Apt. #, etc.

22 #550

City & State

23 Indianapolis, IN

Zip

24 46204

Country

25 U.S.A.

2a. Mailing Address

26 36 S. Pennsylvania Street

Suite, Apt. #, etc.

27 #550

City & State

28 Indianapolis, IN

Zip

29 46204

Country

30 U.S.A.

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

FL

85 Zip Code

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
Signature, typed or printed name of registered agent and title if applicable.

S. Sue Aramian

April 21, 1999

(NOTICE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD
NAME KELLEY, E.W.
STREET ADDRESS 131 WODEN WAY SE
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE VATD
NAME KELLEY, W.W.
STREET ADDRESS R.R. 1, HWY 31
CITY-ST-ZIP SHARPSVILLE IN 46068

TITLE VD
NAME KELLEY, W.L.
STREET ADDRESS 8517 GREENCASTLE DR.
CITY-ST-ZIP CHARLOTTE NC 28210

TITLE STD
NAME KELLEY, W.E.
STREET ADDRESS 131 WODEN WAY, S.E.
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE AV
NAME KELLEY, CHRIS M
STREET ADDRESS R.R. 1 U.S. HIGHWAY 31
CITY-ST-ZIP SHARPSVILLE IN 46068

TITLE AS
NAME ARAMIAN, S.S.
STREET ADDRESS 19 AUGUST ST
CITY-ST-ZIP PROVIDENCE RI 02908

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.01(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, with all other like empowered.

SIGNATURE:

S. Sue Aramian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. Sue Aramian

April 21, 1999

Date

Daytime Phone #

CR2E034 (11/98)