

FILED  
Jun 05, 2003 8:00 am  
Secretary of State

05-02-2003 90253 022 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **G02633**

1. Entity Name  
**KELL-CRES, INCORPORATED**



Principal Place of Business  
D/B/A HICKORY FARMS  
1549 CESERY BLVD.  
JACKSONVILLE FL 32211

Mailing Address  
D/B/A HICKORY FARMS  
1549 CESERY BLVD.  
JACKSONVILLE FL 32211

**55046521**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRESCIMBENI, JOHN R.**  
**1549 CESERY BLVD.**  
**JACKSONVILLE FL 32211**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

**04-29-03**

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP**  
**KELLY JR, EDWIN L**  
**1549 CESERY BLVD.**  
**JACKSONVILLE, FL 00000**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV**  
**CRESCIMBENI, JOHN R**  
**1549 CESERY BLVD.**  
**JACKSONVILLE, FL 00000**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-29-03**

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

55046521  
#G02633



**HICKORY FARMS®**

June 3, 2003

Division of Corporations  
Attention: Annual Reports  
P.O. Box 1500  
Tallahassee, Florida 32302

**RE: Kell-Cres, Inc.**  
**Reference Number: G02633**

I am in receipt of your letter dated May 15, 2003, regarding a change in address for the above referenced corporation's registered agent to a "post office box" – which is apparently unacceptable to the Division.

Therefore, please disregard the change in address for the registered agent and continue to use the original street address printed thereon.

Sincerely,

John R. Crescimbeni  
Owner/Licensed Franchisee  
HICKORY FARMS  
1549 Cesery Boulevard  
Jacksonville, Florida 32211

Enclosures

2-0

1549 Cesery Boulevard  
Jacksonville, Florida 32211

Telephone (904) 743-2355  
Fax (904) 744-2940