

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90117 006 ***558.75

DOCUMENT # G02911
 1. Entity Name
KELTON OPERATING COMPANY, INC.

| | |
|---|---|
| Principal Place of Business 220 W. GARDEN STREET P.O. BOX 230 PENSACOLA FL 32591 | Mailing Address 220 W. GARDEN STREET P.O. BOX 230 PENSACOLA FL 32591 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | | | | |
|--------------|--------------|------------------------------------|---|--|
| City & State | City & State | 4. FEI Number 59-2222709 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 SYLTE, THOMAS W.
 220 W. GARDEN STREET, SUN BANK TOWER
 P.O. BOX 230
 PENSACOLA FL 32591

7. Name and Address of New Registered Agent
 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.
 SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | SYLTE, MARY F | |
| STREET ADDRESS | 3421 CONNELL DR. | |
| CITY-ST-ZIP | PENSACOLA FL | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | BURCHARDT, EDWINA | |
| STREET ADDRESS | 2371 INVERNESS DR. | |
| CITY-ST-ZIP | PENSACOLA FL | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | MEEK, ABBIE E. | |
| STREET ADDRESS | 1601 CONWAY DR | |
| CITY-ST-ZIP | PENSACOLA FL | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | SYLTE, THOMAS W. | |
| STREET ADDRESS | 3421 CONNELL DR. | |
| CITY-ST-ZIP | PENSACOLA FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KELTON, MARY K | |
| STREET ADDRESS | 1201 STOW AVE. | |
| CITY-ST-ZIP | PENSACOLA FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas W. Sylte* **THOMAS W. SYLTE** **7/11/00** **850-434-6830**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)