

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

FILED
Feb 05, 1999 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # H40597

1. Corporation Name
KELSEY INCORPORATED

02-05-1999 90019 031 ****150.00



Principal Place of Business
 103 FLAGLER AVENUE
 NEW SMYRNA BEACH FL 32169

Mailing Address
 103 FLAGLER AVENUE
 NEW SMYRNA BEACH FL 32169

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/01/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2490697	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24	25	29	30	<input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
FOGLE, J. DANA		81 Name			
217 E. PLYMOUTH AVENUE		82 Street Address (P.O. Box Number is Not Acceptable)			
DELAND FL 32724		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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELSEY, JAMES B.	1.2 NAME	
STREET ADDRESS	103 FLAGLER AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELSEY, CHRISTA	2.2 NAME	
STREET ADDRESS	103 FLAGLER AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: Christa Kelsey **REQUIRED** 1/13/99 Date 904-428-5858 Daytime Phone #

CR2E034 (1/198)