

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H69998 (3)

1. Corporation Name

KELLEY ENGINEERING, INC.



Principal Place of Business

Mailing Address

**% H. JEROME KELLEY
4131 N.W. 13TH STREET, SUITE 224
GAINESVILLE FL 32609**

**% H. JEROME KELLEY
4131 N.W. 13TH STREET, SUITE 224
GAINESVILLE FL 32609**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/01/1985

3a. Date of Last Report

01/27/1995

4. FEI Number

59-2402748

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

**KELLEY, H. JEROME
4131 N.W. 13TH STREET
SUITE 224
GAINESVILLE FL 32609**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **KELLEY, H. JEROME**
STREET ADDRESS **4131 NW 13 ST.**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE **Pres. & Treas.** ☐ Change ☐ Addition
1.2 NAME **Kelley, H. Jerome**
1.3 STREET ADDRESS **2202 NW 12th St.**
1.4 CITY-ST-ZIP **Gainesville, FL 32609**

2.1 TITLE **Vice Pres.** ☐ Change ☐ Addition
2.2 NAME **Tootle, Glenn A.**
2.3 STREET ADDRESS **2202 NW 12th St.**
2.4 CITY-ST-ZIP **Gainesville, FL 32609**

3.1 TITLE **Sec. & Vice Pres** ☐ Change ☐ Addition
3.2 NAME **Kelley, Robin A.**
3.3 STREET ADDRESS **2202 NW 12th St.**
3.4 CITY-ST-ZIP **Gainesville, FL 32609**

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

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

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Jerome Kelley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)