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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

M. KELLEY CONSTRUCTION, INC.

1 '	ce of Business DNDA WAY E I FL 33463	Mailing Address 6086 WAUCONDA WAY E LAKEWORTH FL 33463	WAUCONDA WAY E		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					02/16/1987	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26			59-2775987	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Z _I p 3	Country	/	This corporation owes or has paid the Personal Property Tax due June 30.	
		Current Registered Agent	<u>~</u> 1		10. Name and Address of New Registe	
LA	86 WAUCONDA WAY E KEWORTH FL 33463 To the provisions of Sections 6 resistened agent, or both, in the familiar with and accounts.	07,0502 and 607,1508, Florida Statutes e State of Florida Such change was au o obligations of, Section 607,0505, Flori	83 84 s, the above thorized began Statute	City	poration submits this statement for the purporation's board of directors. I hereby accept the	EL 85 Zip Code See of changing its registered appointment as registered
SIGNATURE		tere agont and title if applicable (NOTE		ent signature requi		97 ATE
12.		RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
NAME STREET ADDRESS CITY-ST-ZIP	D KELLEY, MATTHEW 6086 WAUCONDA WAY LAKE WORTH FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S			Change Addition
TITLE		DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME			2.2 NAME			<u>- —</u>
STREET ADDRESS			2.3 STREET	ADDRESS	•	
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET			
CITY-ST-ZIP		DELETE	3.4. City-	ST-ZIP		[] A
NAME		ריין טנינוני	4.1 TITLE			Change
STREET ADDRESS			4. 2 NAME	ADDDESO		ļ
SINEEL ADOMESS	I		4.3 STAEET	AUUHESS		

14. Thereby 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 changing or on an attachment with an address.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETÉ

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

NAME

Change

Change

Addition

Addition

FILED

Apr 02 1998 8:00am

Secretary of State