## 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 # K86338

(6)

KELLY DEVELOPMENT GROUP, INC.

**FILED** May 07 1998 8:00am Secretary of State



						- I CHOLDIOL BOO HBIAD BILDE KALDO	LA DI 1011 DI DI DIVI		. BEL BURN SOUR
Principal Pla	ce of Business	Mailing Address							
839 EAST I	PARK AVE	839 EAST PARK AVE							
STE C Tallahassee FL 32301		STE C Tallahassee FL 32301				DO NOT WRITE IN THIS SPACE			
INCLANASSEE PG 32301 INCLANASSEE PE 32301						3. Date incorporated or Qualified 05/08/1989			
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21		26				59-2957260		N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.						\$8.75	Additional
22		27				5. Certificate of Status Desired		Fee R	lequired
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
23	28					Trust Fund Contribution		Added	to Fees
Zip	Country	Zıp	Cour	ntry		8. This corporation owes or hi	` _	_	
24	25	29	30			Personal Property Tax due		T	No
	9. Name and Address of Curren	t Registered Agent		<u> 1</u>		10. Name and Address of Ne	w Registered	Agent	
KELLY, RUSSELL J			1	B1 Name					
	39 EAST PARK AVE		82 Street Ad			ess (P.O. Box Number is Not Acc	eptable)		
8	STE C		<u> </u>				·		
1	ALLAHASSEE FL 32301		83						
				84 (	City		FL	<b>85</b> Zip	Code
	to the provisions of Sections 607.050	0				aration as health this statement for		obanaina	ito registered
office or	registered agent, or both, in the State am familiar with, and accept the obligations.	of Florida, Such change was :	authorized	t hv th	he corporation	on's board of directors. I hereby	accept the app	ointment as	registered
SIGNATURE	Signature, typed or printed name of registered age	nt and title it applicable (NOT	TE: Registered	Agent s	signature require	d when reinstating)	DATE		
12.	OFFICERS ANI	D DIRECTORS	13.			ADDITIONS/CHANGES TO (	OFFICERS AND		RS IN 12
TITLE	OP	☐ DELETE	1.1 117	1.1 TITLE				Change	Addition
NAME	KELLY, RUSSELL J		1.2 NA	ME					
STREET ADDRESS	3749 SHAMROCK WEST		1.3 STF	REET AD	ODRESS		-		
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CfT	Y-ST-Z	ZIP				
TITLE	DVS	DELETE	2.1 TH	LE				Change	☐ Addition
NAME	KELLY, CATHERINE M		2.2 NA	ME					
STREET ADDRESS	3749 SHAMROCK WEST		2.3 STF	REET AD	ODRESS				
CITY-ST-ZIP	TALLAHASSEE FL		2.401	TY-ST-	- ZIP				[
TITLE	DT	DELETE	3 1 717	LE				Change	Addition
NAME	KELLY, CAROLINE A		3 2 NA	ME					j
STREET ADDRESS	3749 SHAMROCK WEST		3 3 ST	REET AD	DDRESS				
CITY-ST-ZIP	TALLAHASSEE FL		3 4. 00	TY-\$T-	- ZIP				
TITLE	<u> </u>	☐ DELETE	4.1 TIT		· · · · · · · · · · · · · · · · · · ·			Change	Addition
NAME			4. 2 N/	AME					
STREET ADDRESS	s <b>I</b>		4.3 STI	REET AD	ODRESS				1
CITY-ST-ZIP				4.4 CITY-ST-ZIP					ŀ
TITLE		DELETE	5.1 TIT					Change	Addition
NAME			5.2 NA	ME					
STREET ADDRESS	s <b>I</b>		5.3 STI	REET AD	DDRESS				
CITY-ST-ZIP				IY-ST-7	1				
TITLE		DELETE	6.1 TIT			<del></del>		Change	☐ Addition
NAME		_	6.2 NA						
STREET ADDRESS	,				DORESS				
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		•				
OH 1-31-48	i .		0.4 011	,, 314	<u></u>				

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 trasfee 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 attack and with an address

RUSSELL J KELLY, PRESIDENT