

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

FILED
Jan 29, 1999 8:00am
Secretary of State

01-29-1999 90039 028 ****150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K98212

1. Corporation Name
A.W. KELLEY'S GARDENS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O ARTHUR KELLEY 6901 HENDRY CRK DR FORT MYERS FL 33908 US	Mailing Address C/O ARTHUR KELLEY 6901 HENDRY CRK DR FORT MYERS FL 33908 US
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3. Date Incorporated or Qualified 06/27/1989	
4. FEI Number 65-0123150	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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9. Name and Address of Current Registered Agent KELLEY, ARTHUR 6900 HENDRY CREEK DRIVE FORT MYERS FL 33908	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input type="checkbox"/> DELETE	NAME KELLEY, ARTHUR W.	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6901 HENDRY CRK DR	CITY-ST-ZIP FORT MYERS FL	1.2 NAME	
TITLE D <input type="checkbox"/> DELETE	NAME KELLEY, DIXIE P.	1.3 STREET ADDRESS	
STREET ADDRESS 6901 HENDRY CRK DR	CITY-ST-ZIP FORT MYERS FL	1.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	NAME KELLEY, DREW	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6901 HENDRY CRK DR	CITY-ST-ZIP FT MYERS FL	2.2 NAME	
TITLE D <input type="checkbox"/> DELETE	NAME KELLEY, KENT	2.3 STREET ADDRESS	
STREET ADDRESS 6901 HENDRY CRK DR	CITY-ST-ZIP FT MYERS FL	2.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	NAME KELLEY, KENT	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6901 HENDRY CRK DR	CITY-ST-ZIP FT MYERS FL	3.2 NAME	
TITLE D <input type="checkbox"/> DELETE	NAME KELLEY, KENT	3.3 STREET ADDRESS	
STREET ADDRESS 6901 HENDRY CRK DR	CITY-ST-ZIP FT MYERS FL	3.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	NAME KELLEY, KENT	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 6901 HENDRY CRK DR	CITY-ST-ZIP FT MYERS FL	4.2 NAME	
TITLE D <input type="checkbox"/> DELETE	NAME KELLEY, KENT	4.3 STREET ADDRESS	
STREET ADDRESS 6901 HENDRY CRK DR	CITY-ST-ZIP FT MYERS FL	4.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	NAME KELLEY, KENT	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6901 HENDRY CRK DR	CITY-ST-ZIP FT MYERS FL	5.2 NAME	
TITLE D <input type="checkbox"/> DELETE	NAME KELLEY, KENT	5.3 STREET ADDRESS	
STREET ADDRESS 6901 HENDRY CRK DR	CITY-ST-ZIP FT MYERS FL	5.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	NAME KELLEY, KENT	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6901 HENDRY CRK DR	CITY-ST-ZIP FT MYERS FL	6.2 NAME	
TITLE D <input type="checkbox"/> DELETE	NAME KELLEY, KENT	6.3 STREET ADDRESS	
STREET ADDRESS 6901 HENDRY CRK DR	CITY-ST-ZIP FT MYERS FL	6.4 CITY-ST-ZIP	

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: **Kent C. Kelley, Director** Date: **1/13/99** Daytime Phone #: **941-481-1555**

CR2E034 (1/98)