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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L91862

KELLY ENVIRONMENTAL SERVICES, INC.

Principal Place of Business 713 EDGE STREET

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

FORT WALTON BEACH FL 32547-2952

713 EDGE STREET

2a. Mailing Address

Suite, Apt. #, etc.

FORT WALTON BEACH FL 32547-2952

FILED Jan 30, 1999 8:00am Secretary of State

01-30-1999 90003 003 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualifed

08/03/1990 4. FEI Number

59-3029741

22		27	·				-Fee Red	şuired -~= ≠
City & State		City & State	City & State		6. Election Campaign Financing	ction Campaign Financing \$5.00 May Be		
23	·	28			Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the cu	rrent year Intanç		_/
24	25	29	30	* **	Personal Property Tax.			∑lÍNo
Name and Address of Current Registered Agent					10. Name and Address of New	Registered Ag	ent	
KEI	IV IMEQ II		81	Name				
KELLY, JAMES M.				Street Addre	ess (P.O. Box Number is Not Accep	table)		
FORT WALTON BEACH FL 32547					The desir Con etc The Con and the	# 1 T + 4 L Ave 1 . 94	97'	ger meter chas
TONI WALTON BEAUTITE 32341								
			84	City	210 4 2 2 2 3 3 2 5 2 5		85 Zip C	ode
nen prvyn ⁱ ogr	fine v			,		PL		
11. Pursuan	t to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florida Statut of Florida, Such change was a	es, the above	e-named corporation	oration submits this statement for the n's board of directors. I bereby acce	e purpose of cha ent the appointm	anging its r nent as red	egistered istered
agent. I	am familiar with, and accept the obliga	tions of, Section 607.0505, Flo	rida Statutes.		To bound of directors. Thereby doc	opt the appoint.		
SIGNATURE	<u> </u>							<u> </u>
	Signature, typed or printed name of registered ager	· · · · · · · · · · · · · · · · · · ·		t signature required	when reinstating); ;:// ADDITIONS/CHANGES TO O	DATE	DIDECTOR	20 IN 12
12.		ID DIRECTORS	13.		****		Change	Addition
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NAME	KELLY, JAMES M.		1.2 NAME		•			
STREET ADDRESS			1.3 STREET	'				
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TITLE		☐ DELETE	2.1 TITLE			L	_ Change	Addition
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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

Jam SIGNATURED LEQUE OF TREP m. Kally

1/14/99

850 - 863 - 8446 Daytime Phone #

CR2E03