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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M45078

(6)

KELLY/CARLOS OFFICE INC.

Principal Place of Business

Mailing Address

11595 KELLY ROAD FT MYERS FL 33908 11595 KELLY ROAD FT MYERS FL 33908-2539

FILED Apr 30 1997 8:00am Secretary of State



						02/06/1987 05/0		Pate of Last Report 01/1996	
2. Principal P	lace of Business	2a. Mailing	2a. Mailing Address			4. FEI Number			oplied For
21		26				59-0770620			ot Applicable
Sulte, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	е	City & St	tate			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	7ip		Coun	try	8. This corporation has liability for i	ntangible t	ax under s	. 199.032,
24	25	29	3	0		Florida Statutes	Yes [] No	
	9. Name and Address of C	urrent Registered Ag	ent			10. Name and Address of New Re	gistered A	gent	
TRO	WBRIDGE, MIKE			€	Name				i
11595 KELLY ROAD				-	82 Street Address (P.O. Box Number is Not Acceptable)				
	MYERS FL 33908			1	Direct A	address (1.0. Elox Hornbor is Not Acceptab	10)		ľ
				8	33				
				-				Y 7.2.	
				∫ ^E	City		FL	85 Zip	Code
office or re	to the provisions of Sections 60; egistered agent, or both, in the m familiar with, and accept the	State of Florida, Such i	change was au	thorized	by the corpo	corporation submits this statement for the poration's board of directors. I hereby accept	urpose of	changing i ointment as	ls registered registered
SIGNATURE	Signature typed or printed name of register	od agent and title if applicable	(NOTE:	Registered -	Agont signature r	equired when reinstating)	DATE		
12.	OFFICER:	S AND DIRLCTORS		18.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 12
TITLE	P		DELETÉ	1.1 TITL	F			Change	Addition
NAME	Trowbridge, Keith W.			1.2 NAN	1E				Ì
STREET ADDRESS	11595 KELLY ROAD			1.3 STR	EET ADDRESS				
CITY-ST-ZIP	FT MYERS FL			14 CII)	'-ST-ZIP				
TITLE	8		DELETE	2 1 1IIL				Change	Addition
NAME	GILLESPIE, SUSAN			2 2 NAN	ie l				
STREET ADDRESS	11595 KELLY RD			2.3 \$18	EET ADDRESS				ļ
CITY-ST-ZIP	ET MYERS FL				Y-ST-ZIP				ĺ
TITLE			DELETÉ	3.1 1/11				Change	Addition
NAME				3.2 NAM	16				
STREET ADDRESS				4	EET ADDRESS				Į
CITY-ST-ZIP					Y-ST-ZIP				
TITLE			DELETE	4.1 TITL				Change	Addition
NAME			•	4. 2 NA				•.	_
STREET ADDRESS					EFT ADDRESS				
1					-S1-ZIP				
CITY-ST-ZIP TITLE			DELETE	51 THI				Change	Addition
1			DECENT	5 2 NAA	ì			Lr ondings	
NAME				1	·				
STREET ADDRESS					EFT ADDRESS				
CITY-ST-ZIP			DELETE	5.4 CITY 6.1 TITL	r - S1 - ZIP			Change	Addition
TITLE		L	, DECEMBE	1	f			vilange	Addition
NAME				6.2 NAM					ļ
STREET ADDRESS					EET ADDRESS				
CITY-ST-ZIP	by cartify that the information by	man Borel anith, then for a se	lana nat aucht		/-S1-ZIP	ated in Section 119 07(3)(i) Florida Statuto	o I fuello o -	andifu that	at-

I conferency certify that the information supplied with this hing 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 supplied 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.