## 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 # M85033

KELLYCO CONSTRUCTION, INC.

Principal Place	of Business	Mailing Addre	ess				1 (55198)1 (5) (6)6) 6			• • • • • • • • • • • • • • • • • • • •	1211 -1011 1001
% PAUL A. KELLY		% PAUL A. KELLY									
5160 S.W. 18 COURT			5160 S.W. 18 COURT				DO NOT WRITE IN THIS SPACE				
PLANTATION FL 33317		PLANIATION	PLANTATION FL 33317			3. [	3. Date Incorporated or Qualified				
						1	06/08/1988				1
2 Principal P	loce of Business	2a. Mailing A	ddress			4. F	El Number			Арі	plied For
2. Principal Place of Business		26					65-0076953		•	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.							\$8.75 A	dditional	
22		27	27			5.	Certificate of Status E	esirea		Fee Re	quired
City & State			City & State			6. E	Election Campaign F	inancing		\$5.00	May Be
23		28				1	Trust Fund Contribut	on		Added to	o Fees
Zip	Country	Zip		Country	-	8.	This corporation owe	s the curre	nt year int		
24	25	29	30	<u></u>			Personal Property Ta				□No
	9. Name and Address of Cu	rrent Registered Age	nt			10.	Name and Address	of New Ro	egistered .	Agent	
	V 5418 4			81	Name						
	LY, PAUL A.			82	Street	Address (P.	O. Box Number is No	ot Acceptal	ble)		
	SW 18TH COURT							·			<del></del> -
j PLAN	NTATION FL 33317			83							
Į				84	City					85 Zip (	Code
									FL	abanaina ito	rogistored
-65	to the provisions of Sections 607 egistered agent, or both, in the S	state of Florida, Slich Cr	Torida Statutes,	the above	e-named	corporation oration's boa	submits this stateme and of directors. I her	ent for the people accept	t the appoi	cnanging its ntment as re	gistered
					tile corpo						
agent. I a	m familiar with, and accept the o	bligations of, Section 6	07.0505, Florida	a Statutes							_
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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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

**FILED** 

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90028 041 \*\*\*150.00