FILED Feb 11, 2002 8:00 am P01000016024 DOCUMENT # **Secretary of State** 1. Entity Name W & G KELLY ENTERPRISES, INC. 02-11-2002 90008 018 ***150.00 Mailing Address Principal Place of Business 10002 RAMONA BEVO 8062 PAMONA-BLVD DUUZUY83 JACKSONVILLE FL 32221 JACKSONVILLE FL 32221 2. Principal Place of Business 3. Mailing Address 2886 Oak Creek Lane 2886 Oak Creek Lane Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3699460 Applied For City & State City & State Jakcsonville, FL Jacksonville, FL Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 32221 United States United States 32221 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARNOLD W. KELLY KELLY, ARNOLD W Street Address (P.O. Box Number is Not Acceptable) 2886 OAK CREEK LANE ROS2 RAMONA BLVD JACKSONVILLE FL 32221 **JACKSONVILLE** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE **DPT** ☐ Delete TITI F KELLY, ARNOLD W NAME 2886 Oak Creek Lane STREET ADDRESS 8063 RAMONA BLVD STREET ADORESS JACKSONVILLE FL 32221 CITY-ST-ZIP CITY-ST-ZIP Jacksonville, FL 32221 Change Addition TITLE TITLE ☐ Delete DS NAME NAME KELLY, GLENDA B STREET ADDRESS STREET ADDRESS 8062 RAMONA-BLVD 2886 Oak Creek Lane CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL 32221 <u>Jacksonville, FL 32221</u> ☐ Addition ☐ Change ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if of the corporation or the receiver or changed, or on an attachment with

TITLE NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIF

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-7IP

NAME

Delete

☐ Delete

CR2E034 (9/01

Addition

☐ Addition