FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 10:49

DOCUMENT # P36979 (3)

1. Corporation Name
M.J. KELLY COMPANY SOUTHEAST, INC.

Principal Place of Business	Mailing Address
919 W STATE RD 436 STE 340 ALTAMONTE SPRINGS FL 32714 US	PO BOX 3158 4415 E SUNSHINE SPRINGFIELD MO 65809-3015 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/06/1992
3a. Date of Last Report: 01/31/1994

2. Principal Place of Business
21 14310 N. Dale Mabry Hwy.
Suite, Apt. #, etc.
22 Suite 280
City & State
23 Tampa, FL
Zip 24 33618 Country 25 US

2a. Mailing Address
26 P.O. 231
Suite, Apt. #, etc.
27
City & State
28 Turners, MO
Zip 29 65765 Country 30 US

4. FEI Number: 43-1593933 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ERICKSON, PATRICIA
919 W STATE RD 436, STE 340
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable) 14310 N. Dale Mabry Hwy
03 Suite 280
04 City Tampa FL 05 Zip Code 33618

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	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	ADAMS, JAMES E.	1.2 NAME	
STREET ADDRESS	RT 2 BOX 166F NA	1.3 STREET ADDRESS	
CITY-ST-ZIP	NIXA MO	1.4 CITY-ST-ZIP	
TITLE	DST	2.1 TITLE	☐ Change ☐ Addition
NAME	BROWNSBERGER, BARRY B.	2.2 NAME	
STREET ADDRESS	1688 SO CHAPEL DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD MO	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	☒ Change ☐ Addition
NAME	ERICKSON, PATRICIA	3.2 NAME	
STREET ADDRESS	919 W STATE RD 436	3.3 STREET ADDRESS	14310 N. Dale Mabry Hwy. Ste 280
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	3.4 CITY-ST-ZIP	Tampa, FL 33618
TITLE	V	4.1 TITLE	☒ Change ☐ Addition
NAME	ERICKSON, ROBERT	4.2 NAME	
STREET ADDRESS	919 W STATE RD 436	4.3 STREET ADDRESS	14310 N. Dale Mabry Hwy. Ste 280
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	4.4 CITY-ST-ZIP	Tampa, FL 33618
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Barry Brownsberger 2-13-95 417-883-2688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0400063 EN