FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P36979** **(3)**

1. Corporation Name

M.J. KELLY COMPANY SOUTHEAST, INC.

Principal Place of Business	Mailing Address
14310 N DALE MABRY HWY SUITE 280 TAMPA FL 33618 US	P O BOX 231 4415 E SUNSHINE TURNERS MO 65765 US

3. Date Incorporated or Qualified: **01/06/1992**
3a. Date of Last Report: **02/20/1995**

2. Principal Place of Business — 21
Street Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Street Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

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
14310 N DALE MABRY HWY
SUITE 280
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS		
TITLE	DP	☐ DELETE
NAME	ADAMS, JAMES E.	
STREET ADDRESS	RT 2 BOX 166F NA	
CITY-ST-ZIP	NIXA MO	
TITLE	DST	☐ DELETE
NAME	BROWNSBERGER, BARRY B.	
STREET ADDRESS	1688 SO CHAPEL DR	
CITY-ST-ZIP	SPRINGFIELD MO	
TITLE	DV	☐ DELETE
NAME	ERICKSON, PATRICIA	
STREET ADDRESS	14310 N DALE MABRY HWY., STE. 280	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	☐ DELETE
NAME	ERICKSON, ROBERT	
STREET ADDRESS	14310 N DALE MABRY HWY., STE 280	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		☒ Change ☐ Addition
12 NAME		
13 STREET ADDRESS	Rt 2 Box 166-F	
14 CITY-ST-ZIP	Nixa MO 65714	
21 TITLE		☒ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP	Springfield MO 65809	
31 TITLE	Director	☒ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP	Tampa FL 33618	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP	Tampa FL 33618	
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I (We) 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: James E Adams Pres — 1/16/96 — 800-725-7211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JAMES E ADAMS Pres