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Jan 31 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

14310 N DALE MABRY HWY
SUITE 280
TAMPA FL 33618
US

Mailing Address

P O BOX 231
4415 E SUNSHINE
TURNERS MO 65765-0231
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

01/06/1992

3a. Date of Last Report

01/24/1996

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME ADAMS, JAMES E.
STREET ADDRESS RT. 2, BOX 166-F
CITY-ST-ZIP NIXA MO ☐ DELETE

TITLE DST
NAME BROWNSBERGER, BARRY B.
STREET ADDRESS 1688 SO. CHAPEL DR.
CITY-ST-ZIP SPRINGFIELD MO ☒ DELETE

TITLE D
NAME ERICKSON, PATRICIA
STREET ADDRESS 14310 N. DALE MABRY HWY., STE. 280
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE V
NAME ERICKSON, ROBERT
STREET ADDRESS 14310 N. DALE MABRY HWY., STE. 280
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Secretary
1.2 NAME Adams, Helen
1.3 STREET ADDRESS Route 2 Box 166-F
1.4 CITY-ST-ZIP Nixa MO 65714 ☐ Change ☒ Addition

2.1 TITLE Treasurer/Asst. Secretary
2.2 NAME Jon S. Adams
2.3 STREET ADDRESS 1124 Mellon
2.4 CITY-ST-ZIP Little Rock AR 72207 ☐ Change ☒ Addition

3.1 TITLE Asst. Secretary
3.2 NAME Paul D. Adams
3.3 STREET ADDRESS 1151 W. Rosedale
3.4 CITY-ST-ZIP Nixa MO 65714 ☐ Change ☒ Addition

4.1 TITLE Vice President/Director
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 changed, or on an attachment with an address.

SIGNATURE:

James E. Adams, President

1/16/97

Date

Daytime Phone #

CR2E034 (9/96)