

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		25 Suite, Apt. #, etc.		01/06/1992	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		43-1593933	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	D/P
NAME	ADAMS, JAMES E.	1.2 NAME	ADAMS, JAMES E.
STREET ADDRESS	RT 2 BOX 188-F	1.3 STREET ADDRESS	4359 E WHITEHALL DR
CITY-ST-ZIP	NIXA MO	1.4 CITY-ST-ZIP	SPRINGFIELD MO 65809
TITLE	TAS	2.1 TITLE	S
NAME	ADAMS, JON S	2.2 NAME	ADAMS, HELEN
STREET ADDRESS	1124 MELLON	2.3 STREET ADDRESS	4359 E WHITEHALL DR
CITY-ST-ZIP	LITTLE ROCK AR	2.4 CITY-ST-ZIP	SPRINGFIELD MO 65809
TITLE	D	3.1 TITLE	
NAME	ERICKSON, PATRICIA	3.2 NAME	
STREET ADDRESS	14310 N. DALE MABRY HWY., STE. 280	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	D/VP
NAME	ERICKSON, ROBERT	4.2 NAME	ERICKSON, ROBERT
STREET ADDRESS	14310 N. DALE MABRY HWY., STE. 280	4.3 STREET ADDRESS	14310 N DALE MABRY HWY, SUITE 280
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	TAMPA FL 33618
TITLE	TAS	5.1 TITLE	
NAME	ADAMS, JON S	5.2 NAME	
STREET ADDRESS	1124 MELLON	5.3 STREET ADDRESS	
CITY-ST-ZIP	LITTLE ROCK AR	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	
NAME	ADAMS, PAUL D	6.2 NAME	
STREET ADDRESS	1151 W ROSEDALE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NIXA MO	6.4 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 changed, or on an attachment with an address.

SIGNATURE

March

CR2E034 (10/97)