


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

**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90088 001 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P36979**

1. Corporation Name

**M.J. KELLY COMPANY SOUTHEAST, INC.**

Principal Place of Business <b>14310 N DALE MABRY HWY</b> <b>SUITE 280</b> <b>TAMPA FL 33618</b> <b>US</b>	Mailing Address <b>P O BOX 231</b> <b>4415 E SUNSHINE</b> <b>TURNERS MO 65765</b> <b>US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b>
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3. Date Incorporated or Qualified <b>01/06/1992</b>	4. FEI Number <b>43-1593933</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>ERICKSON, PATRICIA</b> <b>14310 N DALE MABRY HWY</b> <b>SUITE 280</b> <b>TAMPA FL 33618</b>
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10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME <b>ADAMS, JAMES E</b> STREET ADDRESS <b>4359 E WHITEHALL DR</b> CITY-ST-ZIP <b>SPRINGFIELD MO 65809</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.1 TITLE <b>DPT</b> 1.2 NAME <b>ADAMS, JAMES E</b> 1.3 STREET ADDRESS <b>4359 E WHITEHALL DRIVE</b> 1.4 CITY-ST-ZIP <b>SPRINGFIELD MO 65809</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME <b>ADAMS, HELEN</b> STREET ADDRESS <b>4359 E WHITEHALL DR</b> CITY-ST-ZIP <b>SPRINGFIELD MO 65809</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.1 TITLE <b>DAS</b> 2.2 NAME <b>ADAMS, HELEN</b> 2.3 STREET ADDRESS <b>4359 E WHITEHALL</b> 2.4 CITY-ST-ZIP <b>SPRINGFIELD MO 65809</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME <b>ERICKSON, PATRICIA</b> STREET ADDRESS <b>14310 N. DALE MABRY HWY., STE. 280</b> CITY-ST-ZIP <b>TAMPA FL</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.1 TITLE <b>DVP</b> 3.2 NAME <b>ERICKSON, PATRICIA</b> 3.3 STREET ADDRESS <b>14310 N DALE MABRY HWY STE 280</b> 3.4 CITY-ST-ZIP <b>TAMPA FL 33618</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME <b>ERICKSON, ROBERT</b> STREET ADDRESS <b>14310 N DALE MABRY SUITE 280</b> CITY-ST-ZIP <b>TAMPA FL 33618</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input checked="" type="checkbox"/> DELETE NAME <b>ADAMS, PAUL D</b> STREET ADDRESS <b>1151 W ROSEDALE</b> CITY-ST-ZIP <b>NIXA MO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	6.1 TITLE <b>AS</b> 6.2 NAME <b>ERICKSON, ADRIANE M</b> 6.3 STREET ADDRESS <b>4620 W FORD CIRCLE</b> 6.4 CITY-ST-ZIP <b>TAMPA FL 33624</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **REQUIRED** **4/2/99**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

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