

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 24 1997 8:00am
Secretary of State

DOCUMENT # P92000008411 (0)

1. Corporation Name
KELJO, INC.



Principal Place of Business

11762 S. CLEVELAND AVE.
SUITE 12
FT. MYERS FL 33907
US

Mailing Address

11763 S. CLEVELAND AVE.
SUITE 12
FT. MYERS FL 33907-2871
US

3. Date Incorporated or Qualified
11/25/1992

3a. Date of Last Report
04/11/1996

2. Principal Place of Business

21 11763 S. CLEVELAND AVE.

Suite, Apt. #, etc.

22 SUITE 12

City & State

23 FT. MYERS, FL

24 Zip 33907

25 Country US

2a. Mailing Address

26 11763 S. CLEVELAND AVE.

Suite, Apt. #, etc.

27 SUITE 12

City & State

28 FT. MYERS, FL

29 Zip 33907

30 Country US

4. FEI Number

65-0372420

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

KELSEY, MICHAEL R
11763 CLEVELAND AVE
STE 12
FT MYERS FL 33907

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 VD ☐ DELETE

NAME JONAS, JEFFREY A
STREET ADDRESS 11763 CLEVELAND AVE #12
CITY-ST-ZIP FT MYERS FL

TITLE D ☐ DELETE

NAME JONAS, VIRGINIA J
STREET ADDRESS 11763 CLEVELAND AVE #12
CITY-ST-ZIP FT MYERS FL

TITLE PD ☐ DELETE

NAME KELSEY, MICHAEL R
STREET ADDRESS 11763 CLEVELAND AVE #12
CITY-ST-ZIP FT MYERS FL

TITLE STD ☐ DELETE

NAME KELSEY, DEBRA LEE F
STREET ADDRESS 11763 CLEVELAND AVE #12
CITY-ST-ZIP FT MYERS 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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 in an attachment with an address.

SIGNATURE:

[Signature]

[Signature]

4-17-97 941-936-7166

CR2E034 (9/96)