


FILE NOW: FILING FEE AFTER MAY 1 IS \$551

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF Sandra B. Mori Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000035318 (3)					
1. Corporation Name KELLY VACUUM & SEWING CENTER, INC.					
Principal Place of Business 5753 MANATEE AVE W BRADENTON FL 34209 US			Mailing Address 5753 MANATEE AVE W BRADENTON FL 34209-2540 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/13/1993	
21		26		3a. Date of Last Report 03/19/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0414841	
22		27		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		30	
9. Name and Address of Current Registered Agent WILCOX, DAVID W 308 13TH ST W BRADENTON FL 34205			10. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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: Register signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1					
1.2					
1.3 ADDRESS					
1.4 ZIP					
2					
2					
2 ADDRESS					
2 ZIP					
3					
3					
3 ADDRESS					
3 ZIP					
4					
4					
4 ADDRESS					
4 ZIP					
5.1					
5.2					
5.3 ADDRESS					
5.4 ZIP					
6.1					
6.2					
6.3 ADDRESS					
6.4 ZIP					

SIGNATURE: _____

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97

Date

941-792-8048

Daytime Phone #

CR2E034 (9/96)