FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

	1996 DIVISION OF CORPORATIONS					
DOCUMENT # P9400006223 (9) 1. Corporation Name						
KELLY	& WHITAKER, P.A.				[2 2 2 4 4 4 4 4 4 4	
Principal Place	e of Business	Mailing Address	Mailing Address			18147 66411 99418 84418 61418 41688 6117 1 98 1
8601 FOURTH STREET NORTH SUITE 312			8601 FOURTH STREET NORTH			
AT DETERMINE		SUITE 312 St. Petersburg fl 3	ST. PETERSBURG FL 33702-3111			
					 Date Incorporated or Qualified 01/26/1994 	3a. Date of Last Report 04/06/1995
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt. #, etc.		26			59-3221676	Not Applicable
22		Suite, Apt. #, etc.	<u> </u>		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Zip Country		Zip Country		Trust Fund Contribution 8. This corporation has liability for in	Added to Fees
24	25	29	30		Florida Statutes Yes	No 199.032,
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Re	egistered Agent
KELLY 1	IMOTHY F		81	Name		
KELLY, TIMOTHY F 8601 FOURTH STREET NORTH			82	Street Add	ress (P.O. Box Number is Not Acceptable	θ)
SUITE 312			83			
ST. PETE	RSBURG FL 33702-3111		84	City		······································
11 Directions	to the			-		FL 85 Zip Code
or register	to the provisions of Sections 607.05 ed agent, or both, in the State of F	502 and 607.1508, Florida Statute Iorida. Such change was authorize	s, the above-ned by the corpo	amed corporation's boa	ration submits this statement for the purp rd of directors. I hereby accept the appoi	ose of changing its registered office
SIGNATURE	th, and accept the obligations of, S	ection 607.0505, Florida Statutes.			accept the appearance	richion de registeres agent. Fam
	Signature, typed or printed name of registered ag		E: Registered Agent	signature require	d when reinstating)	DATE
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECTORS IN 12
NAME	KELLY, TIMOTHY F		1. 1 TITLE			☐ Change ☐ Addition
STREET ADDRESS 8601 FOURTH STREET NORTH		RTH #312	1.2 NAME 1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33702-3111		1.4 CITY-ST-ZIP			
TITLE	D DELETE		2. 1 TITLE			Change Addition
NAME	WHITAKER, CANDACE S		2.2 NAME			
STREET ADDRESS	OT DETEROPLIES EL ASTAGAS		2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	DELETE		2.4 CHTY-ST-ZIP 3.1 THTLE			
NAME			3.2 NAME	ĺ		Change Addition
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4 CITY - ST	- ZIP		
TITLE	DEFELE		4. 1 TITLE			☐ Change ☐ Addition
NAME Street Address			4.2 NAME	ļ		
CITY-ST-ZIP			4.3 STREET A			
TITLE	DELETE		4.4 CITY - ST 5. 1 TITLE	· ZIP		Change
NAME		<u> </u>	5.2 NAME			☐ Change ☐ Addition
STREET ADDRESS			5 3 STREET A	ODRESS		
CITY-ST-ZIP			5.4 CITY-ST	ZIP		
TITLE NAME			6. 1 TITLE		Change Addition	
STREET ADDRESS	7.1 (a) 4.4		6.2 NAME			
CITY-ST-ZIP			6.3 STREET A 6.4 CITY - S1 -	710		İ
14. I do hereby	certify that the information supplied	with this filing is voluntarily furnis	bod sod dese		or the exemption stated in Section 119.07	(3)(k), Florida Statutes, I further
oath; that I	am an officer or director of the corp	riual report or supplemental annua poration or the receiver or trustee	a report is true empowered to	and accurat execute this	or the exemption stated in Section 119.07 e and that my signature shall have the sa report as required by Chapter 607. Flori	ime legal effect as if made under

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

3/15/96 813-577-9904