

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JUL 25 AM 10: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000009453 (9)

1. Corporation Name
KELIONA, INC.

Principal Place of Business

111 SOUTH BAY BLVD.
ANNA MARIA FL 34216

Mailing Address

111 SOUTH BAY BLVD.
ANNA MARIA FL 34216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1994

3a. Date of Last Report

4. FEI Number

65-0472737

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

2. Principal Place of Business

21 111 S. Bay Blvd.

2a. Mailing Address

26 P.O. Box 4048

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 ANNA MARIA

24 34216

Country

27 City & State

28 FT.

29 34216

Country

30 MANATEE

9. Name and Address of Current Registered Agent

MASSARO, OTILA
111 SOUTH BAY BLVD.
ANNA MARIA FL 34216

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 of registered agent)

(Signature typed or printed name of registered agent and title of registered agent)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

12. TITLE
D
NAME
KELLY, EDGAR
STREET ADDRESS
111 SOUTH BAY BLVD.
CITY, ST, ZIP
ANNA MARIA FL 34216

TITLE
D
NAME
KELLY, ANTONINA
STREET ADDRESS
111 SOUTH BAY BLVD.
CITY, ST, ZIP
ANNA MARIA FL 34216

TITLE
NAME
STREET ADDRESS
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CITY, ST, ZIP

13. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.012(3)(k), 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Antonina Kelly
ANTONINA KELLY

7-13-95

(Signature Printed Name)