

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

**DOCUMENT # P94000030765 (9)**

1. Corporation Name  
**KELLY-WORKMAN TOOL COMPANY**

Principal Place of Business      Mailing Address  
~~440 73RD AVENUE NORTH~~      ~~P. O. BOX 1878~~  
~~PIELLAS PARK FL 34083~~      ~~PIELLAS PARK FL 34084-1878~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2331-S 63rd Ave East		2a. Mailing Address 26 ← same		3. Date Incorporated or Qualified 04/20/1994	3a. Date of Last Report
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 53-3242843	Applied For Not Applicable
23 City & State Bradenton, FL		28 City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 34203		29 Country Manatee		30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
				6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HENDRICKSON, ROBERT W 1206 MANATEE AVE W BRADENTON FL 34205				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Jay H. Kelly
STREET ADDRESS		1.3 STREET ADDRESS	1010 68th St NW
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Bradenton, FL 34209
TITLE		2.1 TITLE	Y <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Todd H. Kelly
STREET ADDRESS		2.3 STREET ADDRESS	4001 Highland Ave
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Bradenton, FL 34205
TITLE		3.1 TITLE	S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Susan H. Kelly
STREET ADDRESS		3.3 STREET ADDRESS	1010 68th St NW
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Bradenton, FL 34209
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(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; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jay H. Kelly      Jay H. Kelly      4/14/95      (813) 727-8465  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (Date)      (Telephone Number)