

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90187 018 \*\*\*150.00

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DOCUMENT # P94000030765

1. Corporation Name KELLY-WORKMAN TOOL COMPANY

Principal Place of Business 2331-S 63 AVE E BRADENTON FL 34203 US  
Mailing Address 2331-S 63 AVE E BRADENTON FL 34203 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/20/1994**

4. FEI Number **59-3242843** 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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business 21  
2a. Mailing Address 26  
Suite, Apt. #, etc. 22  
City & State 23  
Zip 24 Country 25  
City & State 27  
Zip 29 Country 30

9. Name and Address of Current Registered Agent  
**HENDRICKSON, ROBERT W  
1206 MANATEE AVE W  
BRADENTON FL 34205**

10. Name and Address of New Registered Agent **PD 2/25/99**

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>KELLY, JAY H.</b>	
STREET ADDRESS	<b>1010 NW 68 ST</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>VPG</b>	<input type="checkbox"/> DELETE
NAME	<b>KELLY, TODD M.</b>	
STREET ADDRESS	<b>4001 HIGHLAND AVE</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>KELLY, SUSAN</b>	
STREET ADDRESS	<b>1010 NW 68TH STREET</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>VPM</b>	<input type="checkbox"/> DELETE
NAME	<b>KELLY, MICHAEL T</b>	
STREET ADDRESS	<b>1807 55TH AVE W</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **SIGNATURE REQUIRED** Kelly 4/15/99 941-727-8665  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)