FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000045856 (9)

1. Corporation Name
BARBARA KELLEY, INC.

Principal Place of Business
4765 SO. HEMINGWAY CIRCLE
MARGATE FL 33063

Mailing Address
4765 SO. HEMINGWAY CIRCLE
MARGATE FL 33063

2. Principal Place of Business
21 Suite, Apt. #, etc
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc
27 City & State
28 Zip 29 Country 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/15/1994
3a. Date of Last Report: N.A.
4. FEI Number: 65-0495151
5. Certificate of Status Desired ☐ Applied For ☐ Not Applicable
6. Election Campaign Financing Trust Fund Contribution ☐ $8.75 Additional Fee Required
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
DOUGLASS, GEORGETTE S
320 S.E. NINTH STREET
FORT LAUDERDALE FL 33316-1128

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 if applicable

12. OFFICERS AND DIRECTORS

TITLE PVST
NAME KELLEY, BARBARA A
STREET ADDRESS 4765 S. HEMINGWAY CIRCLE
CITY ST ZIP MARGATE FL 33063

TITLE D
NAME KELLEY, BARBARA A
STREET ADDRESS 4765 S. HEMINGWAY CIRCLE
CITY ST ZIP MARGATE FL 33063

TITLE
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CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

(NOTE: Registered Agent signature required when reinstating)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		DATE	
11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP			☐ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP			☐ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP			☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP			☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP			☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP			☐ Change ☐ Addition

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 119.07(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, added or deleted.

SIGNATURE: Barbara A. Kelley Pres. Barbara A. Kelley 4-29-95 (305) 973-8496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number