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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 23 1998 8:00am Secretary of State

DOCUMENT # P9400059880 (2) 1. Corporation Name KELYN INVESTMENT CO., INC.					
	ce of Business	Mailing Address	nn	33.0.33	
531 SE BROOKSIDE TERR PORT ST LUCIE FL 34983		531 SE BROOKSIDE TEI PORT ST LUCIE FL 349			
7 0111 01 20	5.2 (2 () 355		•	DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	
				08/11/1994	
 -	Place of Business	2a. Mailing Address		4, FEI Number 65-0514152	Applied For
21 : : : : : : : : : : : : : : : : : :		Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζιρ	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25	29	30	Personal Property Tax due June 30.	Yes You
114	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Registere	d Agent
	LL, JAMES K		OI Name		
531 SE BROOKSIDE TERR PORT ST LUCIE FL 34983			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
FU	HI 31 EUCIE PE 34963		83		
			84 City	F	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	James KRUY HALL	PRESIDENT		17 Fee	bruney 1998
	Signature, typed or printed name of registered ag		€ Registered Agent signature requi		
12.	OFFICERS AN	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
TITLE	HALL, JAMES K	☐ DECEN	1.1 TITLE	•	Change C vontion
NAME STREET ADDRESS	531 SE BROOKSIDE TERR		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE FL 34983	•	1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
ÇITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		[] () [] () [] () ()
TITLE		☐ DELET e	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY+ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	, ,	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETË	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	certify that the information supplied v	with this filing does not qualify for	or the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the information

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 12 if chapted, or or an attachment with an address.

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James Kour Wall

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