

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P94000068405 (7)**

1. Corporation Name

**KELLEY BEACH ENTERPRISES, INC.**



Principal Place of Business

**1050 NORTH 24TH STREET  
JACKSONVILLE BEACH FL 32250  
US**

Mailing Address

**1050 NORTH 24TH STREET  
JACKSONVILLE BEACH FL 32250  
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

Signature

g. Name and Address of Current Registered Agent

**BUSCHMAN, ALBERT E JR.  
2215 S. 3RD ST.  
STE. 101  
JACKSONVILLE BEACH FL 32250**

3. Date Incorporated or Qualified  
**09/16/1994**

3a. Date of Last Report  
**03/14/1995**

4. FET Number  
**59-3281191**

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

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 officer or director, if applicable)

(If Officer or Agent Signature required, when completed)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D  
NAME  
KELLEY, SARA  
STREET ADDRESS  
1050 NORTH 24TH ST  
CITY - ST - ZIP  
JACKSONVILLE BEACH FL**

TITLE ☐ DELETE

**D  
NAME  
KELLEY, MARTIN J  
STREET ADDRESS  
1050 NORTH 24TH ST  
CITY - ST - ZIP  
JACKSONVILLE BEACH FL**

TITLE ☐ DELETE

**VP  
NAME  
ABRY, RUSH  
STREET ADDRESS  
1050 NORTH 24TH ST  
CITY - ST - ZIP  
JACKSONVILLE BEACH FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

2. TITLE ☐ Change ☐ Addition

21 NAME  
22 STREET ADDRESS  
23 CITY - ST - ZIP

3. TITLE ☐ Change ☐ Addition

31 NAME  
32 STREET ADDRESS  
33 CITY - ST - ZIP

4. TITLE ☐ Change ☐ Addition

41 NAME  
42 STREET ADDRESS  
43 CITY - ST - ZIP

5. TITLE ☐ Change ☐ Addition

51 NAME  
52 STREET ADDRESS  
53 CITY - ST - ZIP

6. TITLE ☐ Change ☐ Addition

61 NAME  
62 STREET ADDRESS  
63 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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96 9042493433  
Date Daytime Phone #

CR2E034 (12/95)