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

DOCUMENT # 1. Corporation Name P95000059934 (6)

KELLEY'S MASONRY, INC.

Principal Place of Business

Mailing Address

8739 MCGLOTHLIN STREET

8739 MCGLOTHLIN STREET JACKSONVILLE FL 32210

FILED Apr 03 1998 8:00am Secretary of State

(904)



		0/10/100/1/1000 1 E 02010			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					08/03/1995	
	ace of Business McGlothlin St	26. Mailing Address 26. 8316. Mc	Clath	1:40 5+	4. FEI Number Applied For	
21 8316 Suite, Apt. #		Suite, Apt. #, etc.	G [O In	1110 31		
22		27			5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23		28	T		Trust Fund Contribution	
Zip	Country	Zφ	Cour	niry	A. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24 25 29 29 29 Name and Address of Current Registered Agent			30		Personal Property Tax due June 30. X Yes No 10 Name and Address of New Registered Agent	
CNE	<u> </u>	i ilogistorou rigorit		81 Name	10. Name and Addition of Non Hogistered Agent	
SNELLING, KELLEY 8739 MCGLOTHIN STREET						
JACKSONVILLE FL 32210				82 Street Address (P.O. Box Nymber is Not Acceptable) 8316 McClothlin Street		
JAORSONVILLE PL 32210				83 83		
				84 City	FL 85 Zip Code	
44 Pursuant to	a the provisions of Sections 607.050	2 and 607 1508 Florida Stat	utes the ab	ove-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.						
agent. I an	n tamiliar with, and accept the obliga	ations of, Section 607.0505, i	riorida Stati	ites.		
SIGNATURE	Signature, typed or printed name of registered ager	nt and title it arrowable (NC	OIF Fingistered	Anent sinnature	required when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	☐ DELET E	1.1 111	LE	Change Addition	
NAME	SNELLING, KELLEY		1.2 NA	ME		
STREET ADDRESS	8739 MCGLOTHLIN STREET		(1.3 ST	REE1 ADDRESS	8316 McGlothlin Street	
CITY-ST-ZIP	JACKSONVILLE FL 32210			Y - ST - ZIP		
TITLE	V	DELETE	2.1 TIT		Change Addition	
NAME	CROOMS, ALLAN		2.2 NA	ME		
STREET ADDRESS	8739 MCGLOTHLIN STREET		2.3 STI	REET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210		2. 4 CI	TY-ST-ZIP		
TITLE		DELETE	3.1 TH	LE	Change Addition	
NAME			3.2 NA	ME :		
STREET ADDRESS			3.3 ST	REE1 ADDRESS		
CITY-ST-ZIP			3.4 CI	TY-ST-ZIP		
TITLE		☐ DELETE	4.1 TII		Change Addition	
NAME			4. 2 NA	ME		
STREET ADDRESS			4.3 ST	REET ADDRESS		
CITY-ST-ZIP			4.4 CIT	Y-\$T-ZIP		
TITLE		DELETE	5.1 111	LE	☐ Change ☐ Addition	
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 \$11	REET ADDRESS		
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP		
TITLE		DELETE	6.1 TIT	LE	Change Addition	
NAME			6.2 NA	ME		
STREET ADDRESS			6.3 ST	HEET ADDRESS		
City-SI-ZiP			6.4 CIT	Y-\$1-ZIP		
14 Lhereby co	ertify that the information supplied wi	th this filing does not qualify	for the exe	motion state	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information	
officer or d	on this annual report or supplementa firector of the corporation or the rece or Block 13 if changed, or on an attac /	iver or trustee empowered to	ccurate and o execute th	i that my sigi nis report as	nature shall have the same legal effect as if made under oath; that I am an required by Chapter 607, Florida Statutes; and that my name appears in	