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FILED
Apr 10 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000082899 (1)

1. Corporation Name
KELJIM CORPORATION



Principal Place of Business

2001 SOUTH RIDGEWOOD AVENUE
SOUTH DAYTONA FL 32119

Mailing Address

2001 SOUTH RIDGEWOOD AVENUE
SOUTH DAYTONA FL 32119

52 CHOCTAW TRAIL
ORMOND BEACH, FL 32174

52 CHOCTAW TRAIL
ORMOND BEACH, FL 32174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1996

4. FEI Number

59-3409359

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 52 CHOCTAW TRAIL

Suite, Apt. #, etc.

22 City & State
ORMOND BEACH, FL

24 Zip 32174 25 Country USA

2a. Mailing Address

26 52 CHOCTAW TRAIL

Suite, Apt. #, etc.

27 City & State
ORMOND BEACH, FL

29 Zip 32174 30 Country USA

9. Name and Address of Current Registered Agent

PARSONS, WILLIAM A.
2001 SOUTH RIDGEWOOD AVENUE
SOUTH DAYTONA FL 32119

81 Name

H. CHARLES WOERNER

82 Street Address (P.O. Box Number is Not Acceptable)

2001 S. RIDGEWOOD

83

84 City
S. DAYTONA

FL

85

32119

10. Name and Address of New Registered Agent

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, to 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
PARSONS, WILLIAM A
STREET ADDRESS 2001 SOUTH RIDGEWOOD AVENUE
CITY-ST-ZIP SOUTH DAYTONA FL 32119

TITLE ☐ DELETE

NAME STD
PARSONS, PATRICIA S
STREET ADDRESS 2001 SOUTH RIDGEWOOD AVENUE
CITY-ST-ZIP SOUTH DAYTONA FL 32119

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME PD
PARSONS, WILLIAM A
1.3 STREET ADDRESS 52 CHOCTAW TRAIL
1.4 CITY-ST-ZIP ORMOND BEACH, FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME STD
PARSONS, PATRICIA
2.3 STREET ADDRESS 52 CHOCTAW TRAIL
2.4 CITY-ST-ZIP ORMOND BEACH, FL 32174

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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; that the recorder or trustee is 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 in an attachment with an address.

SIGNATURE

3/25/98 904-329-0266

CR2E034 (10/97)