

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 26 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000101911 (1)  
1. Corporation Name  
KELLY'S STONE, SAND & BOULDERS, INC.



Principal Place of Business 2831 AVE OF AMERICAS ENGLEWOOD FL 34224	Mailing Address 2831 AVE OF AMERICAS ENGLEWOOD FL 34224
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2831 AVE OF The Americas Suite, Apt. #, etc. 22 City & State 23 Englewood FL Zip 24 34224		2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 SAME Zip 29 SAME Country 30		3. Date Incorporated or Qualified 12/17/1996	3a. Date of Last Report
				4. FEI Number 65-0715787	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GOUIN, JUDY E 1955 ILLINOIS AVE GROVE CITY FL 34224		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	
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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 (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOUIN, ROBERT G	1.2 NAME	
STREET ADDRESS	1955 ILLINOIS AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GROVE CITY FL 34224	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOUIN, JUDY E	2.2 NAME	
STREET ADDRESS	1955 ILLINOIS AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GROVE CITY FL 34224	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAFFREY, JAMES H	3.2 NAME	
STREET ADDRESS	1950 MICHIGAN AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL 34224	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAFFREY, SANDRA L	4.2 NAME	
STREET ADDRESS	1950 MICHIGAN AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL 34224	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 13 if changed, or on an attachment with an address.

SIGNATURE:  JUDY E. GOUIN  
8-22-97 941-475-0076

CR2E034 (4/97)