

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P98000096108**

1. Corporation Name

**KELLY'S COMPLETE TURNOVER SERVICES, INC.**

Principal Place of Business

7402 BAY DR.  
TAMPA FL 33635

Mailing Address

7402 BAY DR.  
TAMPA FL 33635

**FILED**  
**Jul 19, 1999 8:00 am**  
**Secretary of State**

07-19-1999 90007 016 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/12/1998**

4. FEI Number

**59-2826060**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

**21 Same as above**

2a. Mailing Address

**26 Same as above**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23**

City & State

**28**

Zip

**24**

Country

**25**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

**KELLY, EDWARD V III**  
**7402 BAY DR.**  
**TAMPA FL 33635**

10. Name and Address of New Registered Agent **n/a**

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 **Edward V. Kelly III**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **7-7-99**

12. OFFICERS AND DIRECTORS

TITLE **President** ☐ DELETE

NAME **Edward V. Kelly**  
STREET ADDRESS **7402 Bay Dr.**  
CITY-ST-ZIP **Tampa, FL 33635**

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

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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: **Edward V. Kelly III President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7-7-99 (813) 855-5148**

72E034 (5/99)

0069066

590560-1001-10  
P98000096108

**Kelly's Complete Turnover Services, Inc.**  
**7402 Bay Drive**  
**Tampa, FL 33635**  
**(813) 855-5148**  
**Fax (813) 891-9344**

July 7, 1999

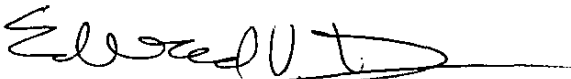
Division of Corporations  
Annual Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To whom it may concern:

Please find enclosed the Annual Report for Kelly's Complete Turnover Services, Inc., along with a check for the \$150.00 filing fee. We are requesting that you please waive the late filing fee as this is the first time we have had to do this and were unaware of the procedure and also the first notice of this report was never received.

Thank you for your consideration

Sincerely,



Edward V. Kelly  
President