

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S54303 (0)  
1. Corporation Name  
KELLY DOCKS, INC.



Principal Place of Business  
POST OFFICE BOX 425  
DESTIN FL 32540

Mailing Address  
POST OFFICE BOX 425  
DESTIN FL 32540

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4502 Hwy. 20 E. Suite, Apt. #, etc. 22 City & State 23 Niceville, FL Zip Country 24 32578 25 USA		2a. Mailing Address 26 P.O. Box 5176 Suite, Apt. #, etc. 27 City & State 28 Niceville, FL Zip Country 29 32578 30 USA		3. Date Incorporated or Qualified 05/21/1991	
4. FEI Number 59-3076134		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		7. 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 WALTERS, ELIZABETH J., ESQ. 221 MCKENZIE AVENUE PANAMA CITY FL 32401		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMS, PAUL	1.2 NAME	
STREET ADDRESS	4141 INDIAN TR	1.3 STREET ADDRESS	4502 Hwy 20 E.
CITY-ST-ZIP	DESTIN FL	1.4 CITY-ST-ZIP	Niceville, FL 32578
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, CAROL	2.2 NAME	
STREET ADDRESS	4405 FULTON DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, IMOGENE	3.2 NAME	
STREET ADDRESS	950 HWY 98 E. #7102	3.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 \_\_\_\_\_ 1/20/98 9/20/97-11/98

CR2E034 (10/97)