

**2021 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

Commonwealth of Virginia  
State Corporation Commission  
Office of the Clerk  
Entity ID: 00364943  
Filing Number: 2112063936057  
Filing Date/Time: 12/06/2021 10:20 AM  
Effective Date/Time: 12/06/2021 10:20 AM



1. CORPORATION NAME:  
KELLAM AND EATON, INCORPORATED

DUE DATE: 012/31/21

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR  
CATHERINE FLINN KELLAM  
2385 PRINCESS ANNE ROAD  
P.O. BOX 6037  
VIRGINIA BEACH, VA 23456-0000

SCC ID NO.: 0036494-3

5. TOTAL NUMBER OF AUTHORIZED  
SHARES: 100

3. CITY OR COUNTY OF VA REGISTERED OFFICE:  
810-VIRGINIA BEACH CITY

4. STATE OR COUNTRY OF INCORPORATION:  
VA-Virginia

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input checked="" type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 2385 PRINCESS ANNE RD PO BOX 6037	ADDRESS:
CITY/ST/ZIP VIRGINIA BEACH, VA 23456-0000	CITY/ST/ZIP

7. DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed.  
An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: JOHN S KELLAM	NAME:
TITLE: Vice President	TITLE:
ADDRESS: 2280 INDIAN RIVER RD	ADDRESS:
CITY/ST/ZIP: VIRGINIA BEACH, VA 23456-0000	CITY/ST/ZIP:

I affirm that the information contained in this report is accurate and complete as of the date below.

*John S Kellam*  
SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

Catherine Flinn Kellam, Corp Sec     12-1-21  
PRINTED NAME AND CORPORATE TITLE     DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

**2021 ANNUAL REPORT CONTINUED**

CORPORATION NAME:  
KELLAM AND EATON, INCORPORATED

DUE DATE: **012/31/21**  
SCC ID NO.: **0036494-3**

**7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)**

All directors and principal officers must be listed.  
An individual may be designated as both a director and an officer.

<p>Mark appropriate box unless area below is blank:  <input checked="" type="checkbox"/> Information is correct    <input type="checkbox"/> Information is incorrect    <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:    <input type="checkbox"/> Correction    <input type="checkbox"/> Addition    <input type="checkbox"/> Replacement</p>
<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: CATHERINE FLINN KELLAM          TITLE: Secretary          ADDRESS: 2385 PRINCESS ANNE RD          CITY/ST/ZIP: VIRGINIA BEACH, VA 23456-0000</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank:  <input checked="" type="checkbox"/> Information is correct    <input type="checkbox"/> Information is incorrect    <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:    <input type="checkbox"/> Correction    <input type="checkbox"/> Addition    <input type="checkbox"/> Replacement</p>
<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: SUSAN S KELLAM          TITLE: P/T          ADDRESS: 2385 PRINCESS ANNE RD          CITY/ST/ZIP: VIRGINIA BEACH, VA 23456-0000</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank:  <input checked="" type="checkbox"/> Information is correct    <input type="checkbox"/> Information is incorrect    <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:    <input type="checkbox"/> Correction    <input type="checkbox"/> Addition    <input type="checkbox"/> Replacement</p>
<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: DAVID E KELLAM, JR          TITLE:          ADDRESS: PO Box 6037          CITY/ST/ZIP: Virginia Beach, VA 23456-0000</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank:  <input type="checkbox"/> Information is correct    <input type="checkbox"/> Information is incorrect    <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:    <input type="checkbox"/> Correction    <input type="checkbox"/> Addition    <input type="checkbox"/> Replacement</p>
<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>

