

**2019 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 00364943
Filing Number: 191216000000
Filing Date/Time: 12/16/2019 03:29 PM
Effective Date/Time: 12/16/2019 03:29 PM



1. CORPORATION NAME: **KELLAM AND EATON, INCORPORATED** DUE DATE: **12/31/19**
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR. SCC ID NO.: **0036494-3**
CATHERINE FLINN KELLAM
2385 PRINCESS ANNE ROAD
P.O. BOX 6037
VIRGINIA BEACH, VA 23456
5. TOTAL NUMBER OF AUTHORIZED SHARES: **100**
3. CITY OR COUNTY OF VA REGISTERED OFFICE:
228-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 CITY/ST/ZIP VIRGINIA BEACH, VA 23456	ADDRESS: 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.

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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"/> NAME: SUSAN S KELLAM TITLE: P/T ADDRESS: 2385 PRINCESS ANNE RD CITY/ST/ZIP: VIRGINIA BEACH, VA 23456	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

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

Catherine F. Kellam
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

Catherine F. Kellam, Corp Sec.
PRINTED NAME AND CORPORATE TITLE

12-12-19
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.

2019 ANNUAL REPORT CONTINUED

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OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: JOHN S KELLAM TITLE: VICE PRESIDENT ADDRESS: 2280 INDIAN RIVER RD CITY/ST/ZIP: VIRGINIA BEACH, VA 23456	NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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 checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: CATHERINE FLINN KELLAM TITLE: SECRETARY ADDRESS: 2385 PRINCESS ANNE RD CITY/ST/ZIP: VIRGINIA BEACH, VA 23456	NAME: TITLE: ADDRESS: CITY/ST/ZIP:
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input checked="" 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 checked="" 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 checked="" type="checkbox"/>
NAME: DAVID E KELLAM, JR TITLE: DIRECTOR ADDRESS: 1573 PRINCESS ANNE RD CITY/ST/ZIP: VIRGINIA BEACH, VA 23456	NAME: <i>David E. Kellama, Jr.</i> TITLE: <i>Director</i> ADDRESS: <i>P.O. Box 6037</i> CITY/ST/ZIP: <i>VA Beach, VA 23456</i>
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	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 type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: TITLE: ADDRESS: CITY/ST/ZIP:	NAME: TITLE: ADDRESS: CITY/ST/ZIP:

