

**2020 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 00364943
Filing Number: 2012152686554
Filing Date/Time: 12/15/2020 10:04 AM
Effective Date/Time: 12/15/2020 10:04 AM



1. CORPORATION NAME:
KELLAM AND EATON, INCORPORATED

DUE DATE: 12/31/20

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 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 checked="" 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:

0010458



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

Catherine F. Kellam, Corp. Sec. Catherine F. Kellam, Corp. Secretary 12-12-20
SIGNATURE OF DIRECTOR/OFFICER PRINTED NAME AND CORPORATE TITLE DATE
LISTED IN THIS REPORT

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.

2020 ANNUAL REPORT CONTINUED

CORPORATION NAME:
KELLAM AND EATON, INCORPORATED

DUE DATE: **12/31/20**
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: 1573 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 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>

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