

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Murphree
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 12 PM 11:26

DOCUMENT # P93000075047 (9)

1. Corporation Name

HARDEMAN, KEMPTON & ASSOCIATES, INC.

Principal Place of Business

1602 N PARSONS AVE
SEFFNER FL 33584

Mailing Address

P. O. BOX 1900
SEFFNER FL 33584
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/29/1993

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4. FEI Number

59-3213809

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

0

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GRECO, FRANK J
2112 N 15TH ST
SUITE 200
TAMPA FL 33605

10. Name and Address of New Registered Agent

81 Name
Michael D. Allweiss, Esquire
82 Street Address (P.O. Box Number is Not Acceptable)
4020 Park Street North
83 Suite 202
84 City
St. Petersburg, FL 85 Zip Code
33709

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

3/16/95
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	HARDEMAN, JEFFREY W	1602 N PARSONS AVE	SEFFNER FL 33584
D	HARDEMAN, STEPHANIE P	1602 N PARSONS AVE	SEFFNER FL 33584
D	KEMPTON, JAMES T	1602 N PARSONS AVE	SEFFNER FL 33584

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
PD	HARDEMAN, JEFFREY W	1602 N Parsons Ave	Seffner, FL 33584
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
TSD	HARDEMAN, STEPHANIE P.	1602 N Parsons Ave	SEFFNER, FL
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
VPD	KEMPTON, JAMES T	1602 N Parsons Ave	Seffner, FL 33584
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 this corporation or my spouse 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephanie P. Hardeman

4/04/95 (813) 689-5160
Date (Typed Name)