

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

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000075047 (9)

1. Corporation Name

HARDEMAN, KEMPTON & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

1602 N PARSONS AVE
SEFFNER FL 33584

P. O. BOX 1880
SEFFNER FL 33584
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/29/1993

4. FEI Number

59-3213809

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 2207 W. North St.

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 Tampa FL

City & State

28 Tampa FL

Zip

24 33606

Country

25 United States

Zip

29 33606

Country

30 United States

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLWEISS, MICHAEL D.
4020 PARK STREET NORTH
SUITE 202
ST. PETERSBURG FL 33709

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME HARDEMAN, JEFFREY W
STREET ADDRESS 1602 N PARSONS AVE
CITY-ST-ZIP SEFFNER FL

1.1 TITLE ☐ Change ☐ Addition

TITLE TSD ☐ DELETE

NAME HARDEMAN, STEPHANIE P
STREET ADDRESS 1602 N PARSONS AVE
CITY-ST-ZIP SEFFNER FL

2.1 TITLE ☐ Change ☐ Addition

TITLE VPD ☐ DELETE

NAME KEMPTON, JAMES T
STREET ADDRESS 1602 N PARSONS AVE
CITY-ST-ZIP SEFFNER FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

Handwritten signatures and dates: 2/23/98, 8/2-189 1291

CR2E034 (10/97)