Mailing Address P. O. BOX 1980

SEFFNER FL 33583

1. Entity Name

HARDEMAN, KEMPTON & ASSOCIATES. INC.



FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90133 009 ***158.75



3. Mailing Address 2. Principal Place of Business 2207 W. NORTH A STREET Suite, Apt. #, etc. Suite, Apt. #, etc. XX CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For City & State City & State 59-3213809 Not Applicable TAMPA, FL 33606 Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MICHAEL H. ROBBINS

SCHULTE, CHRISTOPHER 201 E KENNEDY BLVD STE 1000 **TAMPA FL 33602**

Principal Place of Business

207 W NORTH A ST

TAMPA FL 33606

DC

Street Address (P.O. Box Number is Not Acceptable)
SHUMAKER, LOOP & KENDRICK, LLP

101 E. KENNEDY BLVD., SUITE 2800

City 33602 **TAMPA**

8. The ε	bove named entity submits this statement for the purpose of chang	ing its registered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept
	oligations of registered/agent.		, 1
	Michoo H. Kollin		1/20/02
SIGNATI	IRE // MCOULD /7/ / WOCKING		1/21/03
SIGNAL	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing

\$5.00 May Be Added to Fees

Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. X Change TITLE ☐ Delete TITLE HARDEMAN, JEFFREY W. HARDEMAN, JEFFREY W NAME NAME 2207 W. NORTH A STREET STREET ADDRESS 1602 N PARSONS AVE STREET ADDRESS TAMPA, FL 33606 CITY-ST-ZIP SEFFNER FL CITY-ST-ZIP X Change Addition ☐ Delete TITLE TITLE HARDEMAN, STEPHANIE P NAME HARDEMAN, STEPHANIE P NAME STREET ADDRESS 1602 N PARSONS AVE STREET ADORESS 2207 W. NORTH A STREET CITY-ST-ZIP CITY-ST-7IP SEFFNER FL TAMPA, FL 33606 ☐ Addition **XX** Change ☐ Delete TITLE VPD TITLE NAME KEMPTON, JAMES T NAME KEMPTON, JAMES T. STREET ADDRESS 1602 N PARSONS AVE STREET ADDRESS 2207 W. NORTH A STREET CITY-ST-ZIP CITY-ST-ZIP SEFFNER FL TAMPA, FL 33606 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if address, with all other changed, or on an attachment with

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

CR2E034 (10/02)