SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 5/5/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -9 PM 8:30

DOCUMENT # **268078** **(3)**

1. Corporation Name
ROBERT S. KEMP & ASSOCIATES, INC.

Principal Place of Business
~~520~~
~~6700~~ S. FLORIDA AVENUE
6
LAKELAND FL ~~33810~~ 33801
US

Mailing Address
P O BOX ~~840~~ 66
LAKELAND FL ~~33802-0420~~
US 33802-0066

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business: 21 520 S. Florida Ave	2a. Mailing Address: 26 P.O. Box 66
Suite, Apt. #, etc.: 22 ~~SUITE 6~~	Suite, Apt. #, etc.: 27
City & State: 23 Lakeland, Fl	City & State: 28 Lakeland, Fl
Zip: 24 33801 Country: 25 POLK	Zip: 29 33802-0066 Country: 30 POLK

3. Date Incorporated or Qualified: 03/18/1963
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1102312 ☐ 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 has liability for intangible tax under s. 199.032,* Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ELLSWORTH JR,W WILLIAM
6700 S. FLORIDA AVENUE
6
LAKELAND FL 33813

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☒ Change ☐ Addition
NAME	ELLSWORTH JR,W WILLIAM	12 NAME		
STREET ADDRESS	6700 S. FLORIDA AVENUE, SUITE 6	13 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	14 CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	VD	21 TITLE		☒ Change ☐ Addition
NAME	SKIPPER JR,WILLIAM M	22 NAME		
STREET ADDRESS	520 S. FLORIDA AVE.	23 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	24 CITY-ST-ZIP	LAKELAND, FL 33802	
TITLE	S	31 TITLE		☒ Change ☐ Addition
NAME	KAVNEY, LINDA	32 NAME		
STREET ADDRESS	6700 S. FLORIDA AVE., SUITE 6	33 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	34 CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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 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, added or deleted.

SIGNATURE: _____ W. Wm. Ellsworth, Jr. June 5, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date
President

813-644-9197
Daytime Phone #

016030 VP