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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 268078
1. Corporation Name

(3)

Mailing Address

ROBERT S. KEMP & ASSOCIATES, INC.

FILED Mar 26 1998 8:00am Secretary of State

\$20-S-FLORIBA-AVE- 6- LAKELAND-F-39801 US-					P-080X 60- Laxeland fl-33802-0066- US ~				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified						
										03/18/1963					
2. Principal Place of Business 21 6700 S. Florida Ave.				2a. Mailing Address P O Box 6420					4. FEI Number				Applie	d For	
									59-1102312				Not Applicable		
Suite, Apt. #, etc. 22 Suite #6				27	Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Addit Fee Require					
City & State)			1	City & State					6. Election Campaign Fir	ancing		\$5.0	0 May	/ Be
23 Lakel	and.	Flori	đa	Lakeland, Florida			1	Trust Fund Contribution Added to Fees							
Zip		Country			Zip		Countr	y		8. This corporation owes	or has p	aid the cu	rent year	Intangi	tile
24 33813	[25 US		29	33807	30] บ	S		Personal Property Tax	due Jun	e 30. [Yes	☐ No	,
			ss of Current	Registe	red Agent					10. Name and Address o	f New R	egistered	Agent		
ELL	SWORTH .	JR,W WILL	IAM				81	Na	ne						
670	O S. FLOR	DA AVENI	UE				82	Ctr.	ot Addr	Address (D.O. Box Number is Not Assentable)					
6							102	300	Street Address (P.O. Box Number is Not Acceptable)						
LAH	ŒLAND FL	33813					83	1							
		*					ļ.,	 		<u>,</u>					
							84	City	<i>t</i>			FL	85 Zi	p Code	Đ
11. Pursuant to office or reagent. I ar	o the provisi agistered ag n familiar wi	ons of Secti ent, or both, th, and acco	ons 607.0502 in the State opt the obligat	and 60 of Florida ions of	7.1508, Florida S a. Such change v Section 607.050	tatutes, vas auth 5. Florid	the aboverized by a Statute	e-nan y the	ed corp corporati	oration submits this statemer ion's board of directors. I her	t for the		f changing pointment	its regi as regi	jistered stered
SIGNATURE															
	Signature, typed		of registered agon			(NOTE: Re		ent algn	alure require	ed when reinstating)		DATE			
12.	PD	OF	FICERS AND	DIRECT			13.			ADDITIONS/CHANGES	TO OFF	ICERS ANI			
TITLE	· -	ATTLE ATTLE	7 1476 4 14 6 4		☐ DELETE		1.1 TITLE		1				Change	8 ∟	Addition
NAME		PITH JR,W					1.2 NAME								
STREET ADDRESS			AVENUE, SI	JILE 6		1	1.3 STREE	T ADDRE	ss						
CITY-ST-ZIP	LAKELA	ND FL					1,4 CITY-	ST-ZIP							
TITLE	VD_				X DELETE		2.1 TITLE		- 1				Chang	e L	Addition
NAME		-JR,WILL					2.2 NAME								
STREET ADDRESS		LONDA-A	₩E.			Ì	23 STREE	T ADDRE	SS						
CITY-ST-ZIP	FAKELY	ND-FL					2.4 CITY	ST-ZIP			_				
TITLE	8				DELETE		3.1 TITLE						☐ Change	e [Addition
NAME	KAVNEY						3.2 NAME		J						
STREET ADDRESS 6700 S. FLORIDA AVE., SUITE			6		_	3.3 STREE	T ADDRE	ss							
CITY-ST-ZIP	LAKELA	ND FL			<u></u> .		3.4. CITY	ST-ZIP							
TITLE					DELETE		4.1 TITLE		1				☐ Cháng		Addition
NAME							4. 2 NAME		1						İ
STREET ADDRESS							4.3 STREE	T ADDRE	ss						
CITY-ST-ZIP							4.4 CITY-	ST-ZIP							
TITLE					DELETE		5.1 TITLE						Change	8 C.	Addition
NAME							5.2 NAME		- 1						
STREET ADDRESS							5.3 STREE	T ADDRE	ss						l
CITY-ST-ZIP							5.4 CITY-								
TITLE					DELETE		6.1 TITLE						Change	B L	Addition
NAME					<u> </u>		6.2 NAME		- 1						
STREET ADDRESS							6.3 STREE		۱ و						
									~						
CITY-ST-ZIP				C. Alexandria		lify for th	6.4 CITY-		tated in	Section 119.07(3)(i), Florida S	Statutos	Liturthon	artifu that t	ha inf-	

•• Thereby curring that the information supplied with his hilling bees not quality for the exemption stated in Section 119.07(3)(). Florida Statutes. Turther certify that the information indicated on this annual report or suppliernental 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 intistee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing, or on an attachment with an address.

SIGNATURE

1/21/- hours/P/ Preside

3/13/98 (941) 644-9197

1 - 9 1 9 / Deutime Phone # 0552414 CR2E034 (10/97)