

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90106 001 ***150.00

DOCUMENT # 268078

1. Corporation Name

ROBERT S. KEMP & ASSOCIATES, INC.

Principal Place of Business

6700 S. FLORIDA AVE.
SUITE 700
LAKELAND FL 33813
US

Mailing Address

P.O. BOX 6420
LAKELAND FL 33807
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1963

2. Principal Place of Business

21 3009 E. CR 540A

Suite, Apt. #, etc.

22 City & State

23 Highland City, Florida

24 33846 25 US

2a. Mailing Address

26 P. O. Box 1797

Suite, Apt. #, etc.

27 City & State

28 Highland City, FL

29 33846 30 US

4. FEI Number

59-1102312

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Election Campaign Financing

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\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

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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

J. C. Aldridge

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

83 3009 E. CR 540A

84 City

Highland City

FL

85 Zip Code

33846

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

3/16/99

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME ELLSWORTH JR, W WILLIAM

STREET ADDRESS 6700 S. FLORIDA AVENUE, SUITE 6

CITY-ST-ZIP LAKELAND FL

TITLE ☒ DELETE

NAME KAVNEY, LINDA

STREET ADDRESS 6700 S. FLORIDA AVE., SUITE 6

CITY-ST-ZIP LAKELAND FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

P

J. C. Aldridge

3009 E. CR 540A

Highland City, FL 33846

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Change

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Addition

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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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/99

941/644-9197

CR2E034 (1/98)