FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 6:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 501260 (4)

1. Corporation Name

KEMPTON BROTHERS PORSCHE PARTS, INC.

Principal Place of Business	Mailing Address
14525 NORTH FLORIDA AVENUE TAMPA FL 33613	14525 NORTH FLORIDA AVENUE TAMPA FL 33613

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/14/1976
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-1703185 ☐ 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 total assets for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KEMPTON, ROBERT
2406 CARROLL PLACE
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name: KEMPTON, ROBERT B
82 Street Address (P.O. Box Number is Not Acceptable): 18726 BIARRITZ AVE
83
84 City: LUTZ FL 85 Zip Code: 33549

11. Pursuant to the provisions of Section 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 of President of Registered Agent (if a corporation)) (NOTE: Registered Agent signature not valid after resignation) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD	11 TITLE	☐ Change ☐ Addition
NAME	KEMPTON, ROBERT	12 NAME	
STREET ADDRESS	18726 BIARRITZ AVE.	13 STREET ADDRESS	
CITY ST ZIP	LUTZ FL 33549	14 CITY ST ZIP	
TITLE	S	21 TITLE	300001482258 ☐ Addition
NAME	KEMPTON, ROBERT	22 NAME	-05/10/95--01026--017
STREET ADDRESS	18726 BIARRITZ AVE.	23 STREET ADDRESS	****200.00 ****200.00
CITY ST ZIP	LUTZ FL 33549	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
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	CH

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 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 added, above.

SIGNATURE: X Robert Kempton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3-24-95
Date

0303072 CP