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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 511015

(0)

F.E. KLEMME ENTERPRISES, INC.

Principal Place of Business Mailing Address 19124 PINE CABIN ROAD 19124 PINE CABIN ROAD BROOKSVILLE FL 34801 BROOKSVILLE FL 34801-5545 3. Date Incorporated or Qualified 3a. Date of Last Report 08/20/1976 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 NOT APPLICABLE Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 8. Election Campaign Financing **\$5.00** May Be 23 28 Trust Fund Contribution Added to Fees Country Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes
 Yes
 No Zφ 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KERBEN, ALAN J. ESQ. 300 NORTH FRANKLIN ST. 82 Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 83 84 City 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 Signature, typied or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13, DELETE mif 1.1 TITLE Change Addition KLEMME, FREDERICK E. NAME 1.2 NAME 19252 PINE CABIN RD STREET ADDRESS 1.3 STREET ADDRESS **BROOKSVILLE FL** CHY-ST ZIP 1.4 CITY - ST - ZIP TITLE DELETE Change 2.1 TITLE Addition KLEMME, NORA J. NAME 2.2 NAME 19252 PINE CABIN RD STREET ADDRESS 2.3 STREET ADDRESS **BROOKSVILLE FL** City-St-ZiP 2. 4 CITY - ST - ZIP DELETE THLE 3.1 TITLE Change Addition NAM: 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - S1 - ZIF 3.4. CITY-ST-ZIP 11116 DELETE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-SI-ZP 4.4 CITY-ST-ZIP Dist DELETE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS City-SI-7.9 54 CITY-ST-ZIP DELETE TITLE Change 6.1 TITLE Addition 700002183697 -05/19/97--01151--016 NAME 62 NAME

63 STREET ADDRESS

CITY-ST-ZIP

14. I do hereby certily 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 annuals in Block 12 or Block 12 or Block 12 or Block 13 or Blo

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FILED

May 08 1997 8:00am

Secretary of State