


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

FILED

Feb 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **552076** (2)

1. Corporation Name  
**KEMP HEATING & AIR CONDITIONING CORP.**



Principal Place of Business  
**4117 GRAND BLVD  
NEW PORT RICHEY FL 34652  
US**

*Sold Business 1/31/97*  
*Did not sell corporation only right to use name Kemp Heating & Air Conditioning*

Mailing Address  
**5771 CATSKILL RD  
HOLIDAY FL 34690-4562  
US**

2. Principal Place of Business  
**21 5771 Catskill Rd**

2a. Mailing Address  
**26 Suite, Apt. #, etc.**

22 City & State  
**23 Holiday**

24 Zip  
**34690**

25 Country  
**USA**

27 City & State  
**28**

29 Zip  
**30**

30 Country  
**31**

3. Date Incorporated or Qualified  
**11/29/1977**

3a. Date of Last Report  
**02/27/1996**

4. FEI Number  
**59-1783999**

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  
**KEMP, ROBERT S  
5771 CATSKILL RD  
HOLIDAY FL 34690**

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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEMP, ROBERT S.</b>	1.2 NAME	
STREET ADDRESS	<b>5771 CATSKILL RD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOLIDAY FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEMP, ROBERT S</b>	2.2 NAME	
STREET ADDRESS	<b>5771 CATSKILL RD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOLIDAY FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEMP, CAROL A.</b>	3.2 NAME	
STREET ADDRESS	<b>5771 CATSKILL RD</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOLIDAY FL</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 as an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **2/17/97** (813) 934-6832

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)