

DOCUMENT # F94778

1. Entity Name
KEMKER INSURANCE AGENCY, INC.

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90015 037 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
% PAUL E. KEMKER % PAUL E. KEMKER
6387 CENTRAL AVE. PO BOX 47064
ST. PETERSBURG FL 33710 ST PETERSBURG FL 33743-7064

2. Principal Place of Business 3. Mailing Address
12354 CAPRI CIR N **12354 CAPRI CIR N.**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
TREASURE ISLAND, FL **TREASURE ISLAND, FL**
Zip Country Zip Country
33706 **PINELLAS** **33706** **PINELLAS**

4. FEI Number Applied For
59-2217633 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KEMKER, PAUL E.
6387 CENTRAL AVENUE
ST. PETERSBURG FL 33710

7. Name and Address of New Registered Agent
Name **KEMKER, PAUL E.**
Street Address (P.O. Box Number is Not Acceptable)
12354 CAPRI CIR. N.
City **TREASURE ISLAND FL** Zip Code **33706**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KEMKER, KARIN R 6387 CENTRAL AVE ST PETERSBURG, FL 00000 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEMKER, PAUL E 6387 CENTRAL AVE. ST PETERSBURG, FL 00000 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KEMKER, KARIN R. 12354 CAPRI CIR N TREASURE ISLAND, FL 33706 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEMKER, PAUL E. 12354 CAPRI CIR. N. TREASURE ISLAND, FL 33706 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul E Kemker Pres. **PAUL E. KEMKER 1-5-01 (727) 367-1792**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E034 (10/00)