

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

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



DO NOT WRITE IN THIS SPACE

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      4. FEI Number      Applied For  
TREASURE ISLAND, FL      TREASURE ISLAND, FL      59-2217633      Not Applicable  
Zip      Country      Zip      Country      5. Certificate of Status Desired      \$8.75 Additional  
33706      PINELLAS      33706      PINELLAS      Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
KEMKER, PAUL E.      Name KEMKER, PAUL E.  
6387 CENTRAL AVENUE      Street Address (P.O. Box Number is Not Acceptable)  
ST. PETERSBURG FL 33710      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      Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.      FILE NOW!!! FEE IS \$150.00      10. Election Campaign Financing      \$5.00 May Be  
(See criteria on back)      After MAY 1, 2001 Fee will be \$550.00      Trust Fund Contribution.      Added to Fees  
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMKER, KARIN R		NAME	KEMKER, KARIN R.	
STREET ADDRESS	6387 CENTRAL AVE		STREET ADDRESS	12354 CAPRI CIR N	
CITY-ST-ZIP	ST PETERSBURG, FL 00000		CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMKER, PAUL E		NAME	KEMKER, PAUL E.	
STREET ADDRESS	6387 CENTRAL AVE.		STREET ADDRESS	12354 CAPRI CIR. N.	
CITY-ST-ZIP	ST PETERSBURG, FL 00000		CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 #