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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G89792

(7)

FILED Feb 03 1998 8:00am Secretary of State

KEMPER DIVERSIFIED SERVICES, INC. (K D S) Principal Place of Business Mailing Address 4312 N. SUNCOAST BLVD. 4312 N. SUNCOAST BLVD. CRYSTAL RIVER FL 34428 CRYSTAL RIVER FL 34428 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/09/1984 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-2422080 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip Zip Country 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 KEMPER, FRANCES A. 4312 N. SUNCOAST BLVD. Street Address (P.O. Box Number is Not Acceptable) **CRYSTAL RIVER FL 34428** 83 84 Zip Code 85 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 l'amiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change Addition NAME KEMPER, FRANCES A. 1.2 NAME E034 4312 N. SUNCOAST BLVD. STREET ADDRESS 1.3 STREET ADDRESS CRYSTAL RIVER FL 34428 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ___ Addition TITLE 2.1 TITLE KEMPER, FRANCES A NAME 2.2 NAME 4312 N SUNCOAST BLVD STREET ADDRESS 2.3 STREET ADDRESS CRYSTAL RIVER FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition 3 1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4, CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TETLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on line 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 trustese 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 on an attachment with an address.

SIGNATURE:

1-26.98 303632550