

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAR -1 PH 2:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # H16705 (6)**

1. Corporation Name

**KEMPFER SAWMILL, INC.**

Principal Place of Business

**6254 KEMPFER RD.  
SAINT CLOUD FL 34773**

Mailing Address

**6254 KEMPFER RD.  
SAINT CLOUD FL 34773**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**08/15/1984**

3a. Date of Last Report

**03/08/1994**

4. FEI Number

**59-2436470**

Applied For

Not Applicable

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

2. Principal Place of Business

21 **6254 KEMPFER RD.**

Suite, Apt. #, etc.

22 **SAINT CLOUD FL 34773**

City & State

2a. Mailing Address

26 **6254 KEMPFER RD.**

Suite, Apt. #, etc.

27 **SAINT CLOUD FL 34773**

City & State

23 **FL**

Zip

Country

28 **FL**

Zip

Country

24 **FL**

Zip

Country

29 **FL**

Zip

Country

9. Name and Address of Current Registered Agent

**KEMPFER, G. REED  
6254 KEMPFER RD.  
ST. CLOUD FL 34773**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                | STREET ADDRESS          | CITY - ST - ZIP |
|-------|---------------------|-------------------------|-----------------|
| VP    | KEMPFER, G. REED    | 6254 KEMPFER RD.        | ST. CLOUD FL    |
| P     | KEMPFER, WILLIAM C. | 8053 U.S. 192           | MELBOURNE FL    |
| S     | BELL, W. C.         | 5300 HAYWOOD RUFFIN RD. | ST. CLOUD FL    |
|       |                     |                         |                 |
|       |                     |                         |                 |
|       |                     |                         |                 |
|       |                     |                         |                 |
|       |                     |                         |                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | Change                   | Addition                 |
|-----------|----------|--------------------|---------------------|--------------------------|--------------------------|
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 on an addition to my address.

SIGNATURE:

**W. C. Bell, Secretary**

2/24/95

407/892-2955