

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J37474** (0)

1. Corporation Name
TERRY KEMPLE, INC.



Principal Place of Business

**2312 CHERRY RIDGE LN
BRANDON FL 33511**

Mailing Address

**2312 CHERRY RIDGE LN
BRANDON FL 33511**

2. Principal Place of Business

21 Subst. Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Subst. Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**KEMPLE, TERENCE L.
2312 CHERRY RIDGE LANE
BRANDON FL 33511**

81 Name

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

83

84 City

FL 85 Zip Code

| | |
|--|---|
| 3. Date Incorporated or Qualified 10/13/1986 | 3a. Date of Last Report 04/20/1995 |
| 4. FEI Number 59-2727841 | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10. Name and Address of New Registered Agent | |

11. Pursuant to the provisions of Sections 607.0540 and 607.1570, 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, hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.0540, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|----------------------------------|
| TITLE | PSD | <input type="checkbox"/> DELETED |
| NAME | KEMPLE, TERENCE L. | |
| STREET ADDRESS | 2312 CHERRY RIDGE LN | |
| CITY-ST-ZIP | BRANDON FL | |
| TITLE | | <input type="checkbox"/> DELETED |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETED |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETED |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|----------------------|---|
| 13.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.2 NAME | |
| 13.3 STREET ADDRESS | |
| 13.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.5 TITLE | |
| 13.6 NAME | |
| 13.7 STREET ADDRESS | |
| 13.8 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.9 TITLE | |
| 13.10 NAME | |
| 13.11 STREET ADDRESS | |
| 13.12 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.13 TITLE | |
| 13.14 NAME | |
| 13.15 STREET ADDRESS | |
| 13.16 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 member or partner empowered to prepare this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change of, or original appointment by, an individual.

SIGNATURE: *Terrence L Kemple* **TERRENCE L KEMPLE** 3/25/96 813 653 4822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)