FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # K38297 (3)

1. Corporation Name
KEMIRON INC.

Principal Place of Business	Mailing Address
316 BARTOW AIRPORT BARTOW FL 33830	316 BARTOW AIRPORT BARTOW FL 33830

3. Date Incorporated or Qualified: 10/12/1988
3a. Date of Last Report: 08/01/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 23-2559926 ☐ 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

9. Name and Address of Current Registered Agent

BRITT, DANIEL L
316 BARTOW MUNICIPAL AIRPORT
BARTOW FL 33830

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HJERSTED, LAWRENCE N.		1.2 NAME		
STREET ADDRESS	1848 MAHAFFEY CIR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCHRIEBER, BOB		2.2 NAME		
STREET ADDRESS	271 WOLFER DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST LOUIS MI 63026		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HJERSTED, NORMAN		3.2 NAME		
STREET ADDRESS	706 MASSACHUSETTS		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAWRENCE KS 66044		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BRANDSTETTER, HUGO		4.2 NAME		
STREET ADDRESS	1800 N CLARK		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60614		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	BRITT, DANIEL		5.2 NAME		
STREET ADDRESS	5510 MYTICE LANE		5.3 STREET ADDRESS	5510 MYTICE LN.	
CITY-ST-ZIP	LAKELAND FL		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	MARKER, JOHN P		6.2 NAME		
STREET ADDRESS	1083 TERRACE ACRE DRIVE		6.3 STREET ADDRESS	543 PENINSULAR DRIVE	
CITY-ST-ZIP	AUBURN AL		6.4 CITY-ST-ZIP	LAKELAND, FL 33813	

CR2E034 (9/96)

14. I do 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 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 attachment with an address.

SIGNATURE: Daniel L Britt