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Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90060 012 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K38297

1. Corporation Name
K E M I R O N I N C.

Principal Place of Business
**316 BARTOW AIRPORT
BARTOW FL 33830**

Mailing Address
**316 BARTOW AIRPORT
BARTOW FL 33830**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/1988

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 owes the current year Intangible
Personal Property Tax.



Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRITT, DANIEL L
316 BARTOW MUNICIPAL AIRPORT
BARTOW FL 33830**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **HJERSTED, LAWRENCE N.**
STREET ADDRESS **625 PENINSULAR DR**
CITY-ST-ZIP **LAKELAND FL 33813**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **SCHRIEBER, BOB**
STREET ADDRESS **271 WOLFER DRIVE**
CITY-ST-ZIP **ST. LOUIS MO 63026**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **HJERSTED, NORMAN**
STREET ADDRESS **3211 CLINTON PKWY SOUT STE 1**
CITY-ST-ZIP **LAWRENCE KS 66047**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **BRANDSTETTER, HUGO**
STREET ADDRESS **1800 N CLARK**
CITY-ST-ZIP **CHICAGO IL 60614**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **T** ☐ DELETE
NAME **BRITT, DANIEL**
STREET ADDRESS **406 ANDERSON DR**
CITY-ST-ZIP **AUBURNDAL FL 33823**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **S** ☐ DELETE
NAME **MARKER, JOHN P**
STREET ADDRESS **543 PENINSULAR DR**
CITY-ST-ZIP **LAKELAND FL**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99
Date

(941) 533 5990
Daytime Phone #

CR2E034 (11/98)