

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**DOCUMENT # P92000011892 (6)**

1. Corporation Name

KEMP PLAZA, INC.**APPROVED
AND
FILED****95 MAR -2 PM 3:25****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**95 - 17TH ST., S.W.
NAPLES FL 33964
US**

Mailing Address

**95 - 17TH ST., S.W.
NAPLES FL 33964
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/11/1992

3a. Date of Last Report

02/28/1994

4. FEI Number

65-0375894

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 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

24

Zip

Country

29**30**

9. Name and Address of Current Registered Agent

**KEMP, KENNETH E
502 WEST MAIN STREET
IMMOKALEE FL 33934**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 fee if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **KEMP, KENNETH E**
STREET ADDRESS **95 17TH ST., SW**
CITY- ST- ZIP **NAPLES FL**1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIPTITLE **VD**
NAME **KEMP, JAMES E**
STREET ADDRESS **1404 LEMON TREE DRIVE**
CITY- ST- ZIP **IMMOKALEE FL 33934**2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIPTITLE **ST**
NAME **KEMP, SUSAN M**
STREET ADDRESS **95 17TH ST., S.W.**
CITY- ST- ZIP **NAPLES FL**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIPTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIPTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIPTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 2/22/95**(612) 651-3212**