

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000016931 (6)

1. Corporation Name

KEMCO PERFORMANCE, INCORPORATED

DO NOT WRITE IN THIS SPACE.

Principal Place of Business

**7200 NORTH MILITARY TRAIL
#2
PALM BEACH GARDENS FL 33410
US**

Mailing Address

**7200 NORTH MILITARY TRAIL
#2
PALM BEACH GARDENS FL 33410
US**

3. Date Incorporated or Qualified

03/02/1993

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

Country

28
Zip

Country

4. FEI Number

65-0386429

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

**KOEMM, KEITH E
10595 97TH ROAD NORTH
WEST PALM BEACH FL 33412**

10. Name and Address of New Registered Agent

81 Name

Same

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

President

4/10/95

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **KOEMM, KEITH E**
STREET ADDRESS **15095 97TH ROAD NORTH**
CITY - ST - ZIP **WEST PALM BEACH FL 33412**

TITLE **VD**
NAME **KOEMM, JOHN F**
STREET ADDRESS **4400 APPLE CREST DRIVE**
CITY - ST - ZIP **PALM BEACH GARDENS FL 33410**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 identified 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 I am not, or am in attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEITH E. KOEMM

4/10/95 407-848-4885

DATE

Daytime / Home #