FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

ANNUAL REPORT Secret DIVISION OF

DOCUMENT # **P95000016937**1. Corporation Name

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90152 047 ***150.00

1. Corporation	Name F 930000	J 10301							
KEMP SIGNS, INC.									
I TENTO	idito, iito					- 1 (44)(44) (14	 	<u> </u>	ORBO MIRI (BB) (BB)
	7.								
Principal Place of Business Mailing Address						I SAMELIAM IST	i iqidi billi balil dalil da	ille Baldt Hålm bille t	0160 11111 1881 1881
'									
120 WISCONSIN STREET 120 WISCONSIN STREET LAKE WORTH FL 33461 LAKE WORTH FL 33461						DO NOT WOLLD TO SOLOT			
US US						DO NOT WRITE IN THIS SPACE			
					l	3. Date Incorporated or Qualifed			
				-		03/01/1995			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			Applied For
21 26						65-0562795		<u> </u>	Not Applicable 5 Additional
Suite, Apt. #, etc.						5. Certificate of Sta	atus Desired 🔲		Required
22						C Florier Compo	rian Cinanaina	<u> </u>	
F 2						6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
28 Zip Country Zip			Coun	trv		This corporation owes the current year Intangible			
	25 29 30			-,	Personal Property Tax.				
24	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
			1	1 Name					
STEPHEN KEMP				20 - 51		- (D.O. Bay Number	r in Net Assentable		
120 WISCONSIN STREET			,	32 Street	. Addres	s (P.O. Box Number	r is Not Acceptable)		Į
LAKE WORTH FL 33461			1	33					
-								[a=1] 3	ip Code
			1	34 City				FL 85 Z	Th Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the abo	ve-named	corpora	ation submits this sta	atement for the purp	oose of changing	its registered
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.									s registered
ł.	, and accept the congain	0.10 01, 000.01					,		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered A	gent signature	required w	hen reinstating)		DATE	
12.	OFFICERS AND		13.			ADDITIONS/CH	ANGES TO OFFICE		
TITLE	P DELETE 1.5		1,1 TITL	E				Chan	ge Addition
NAME :	KEMP, STEPHEN M		1.2 NAM	E	1.35		Ч		
STREET ADDRESS	1045 HICKORY TRAIL		1.3 STR	EET ADDRESS	1		9t.	1	
CITY-ST-ZIP	TIEGI I TIEM DE TOTT I E CO I I I		_	-ST-ZIP	La	ke Worth,	FI. 3346		- CD Addition
TITLE		☐ DELETE	2.1 TITL	E				☐ Chan	ge [] Addition
NAME			2.2 NAM	E					
STREET ADDRESS		,	2.3 STR		\$				
CITY-ST-ZIP				Y-ST-ZIP	ļ			Chan	ao 🗆 Addition
TITLE		☐ DELETE	3.1 TITL					☐ Chan	ge Addition
NAME			3.2 NAM						ļ
STREET ADDRESS	•			EET ADDRESS	3				
CITY-ST-ZIP	2		_	Y-ST-ZIP				☐ Chan	ge Addition
TITLE		☐ DELETE	41 TITL		1				ge
NAME			4, 2 NA						
STREET ADDRESS	. •			EET ADDRESS	3				1
CITY-ST-ZIP	•	□ DELETE	_	-ST-ZIP	-			Chan	ge Addition
TITLE		☐ DELETE	5.1 TITU					Clan	Ac C VOOROLL
NAME .	. *		5.2 NAN						.]
STREET ADDRESS	`			EET ADDRESS	1				
CITY-ST-ZIP		□ SELETE	5.4 CIT	/-ST-ZIP	+			☐ Chan	ge Addition
TITLE	•	☐ DELETE	6.2 NAN						- La Addition
NAME						•			j
STREET ADDRESS				EET ADDRESS	1				
CITY-ST-ZIP	•		6.4 CIT	/-ST-ZIP					

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 supplied ental 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 of an attachment with an address, with all other like empowered.

SIGNATURE:

MATURE RESURED TO THE TOTAL PROPERTY OF THE STATE OF SIGNING OFFICER OF DIRECTOR

4-24-99

(541) 386 - 3696

:R2E034 (11/98)