

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000011725

1. Corporation Name
KEMOCO, INC.

Principal Place of Business
1405 BROOKER ROAD
BRANDON FL 33511

2. Principal Place of Business
21 148 CENTRAL DR.
Suite, Apt. #, etc.
22 City & State
23 BRANDON, FL.
Zip
24 33510
25 HILLSBOROUGH
Country
26 1405 BROOKER RD
Suite, Apt. #, etc.
27 City & State
28 BRANDON, FL
Zip
29 33511
30 HILLSBOROUGH
Country

9. Name and Address of Current Registered Agent
WATERS, CODY W
501 EAST KENNEDY BOULEVARD
SUITE 1700
TAMPA FL 33602

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90077 029 ***150.00

0376108



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/04/1998	Applied For
4. FEI Number 59-3492300	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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	

10. Name and Address of New Registered Agent

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

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 CODY W. WATERS

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

(NOTE: Registered Agent signature required when reinstating)

DATE

CR2E034 (11/98)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	□ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
NAME	KEMP, CLAY E		□ Change □ Addition
STREET ADDRESS	1405 BROOKER ROAD		
CITY-ST-ZIP	BRANDON FL 33511		
TITLE	D	□ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
NAME	KEMP, RHONDA M		□ Change □ Addition
STREET ADDRESS	1405 BROOKER ROAD		
CITY-ST-ZIP	BRANDON FL 33511		
TITLE		□ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
NAME			□ Change □ Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		□ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
NAME			□ Change □ Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		□ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
NAME			□ Change □ Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		□ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
NAME			□ Change □ Addition
STREET ADDRESS			
CITY-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 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: Clay W. Waters

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-99 (813) 685-1550

Date

Daytime Phone #