


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

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90147 013 \*\*\*150.00



<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000068502</b>					
1. Corporation Name <b>KEMEE, INC.</b>					
Principal Place of Business 679 BACOM POINT RD. PAHOKEE, FL 33476			Mailing Address 679 BACOM POINT RD. PAHOKEE, FL 33476		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified <b>08/03/1998</b>					
2. Principal Place of Business 21 <b>2935 N. Galloway Rd</b> Suite, Apt. #, etc. 22 <b>Lakeland, FL</b> City & State 23 <b>33810</b> <b>Polk</b> Zip Country 24 <b>FL</b> 25 <b>33810</b>		2a. Mailing Address 26 <b>2935 N. Galloway Rd</b> Suite, Apt. #, etc. 27 <b>Lakeland, FL</b> City & State 28 <b>33810</b> <b>Polk</b> Zip Country 29 <b>FL</b> 30 <b>33810</b>		4. FEI Number <b>65-0852854</b> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>BROOM, KIMBERLY M</b> <b>679 BACOM POINT RD.</b> <b>PAHOKEE FL 33476</b>			10. Name and Address of New Registered Agent 81 Name <b>Broom, Kimberly M</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2935 N. Galloway Rd</b> 83 <b>Lakeland</b> 84 City <b>Lakeland</b> <b>FL</b> 85 Zip Code <b>33810</b>		
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 <u>Kimberly M. Broom</u> <u>Kimberly M. Broom</u> <u>4-19-99</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	<input type="checkbox"/> DELETE	1.1 TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOM, KIMBERLY M		1.2 NAME	Broom, Kimberly M	
STREET ADDRESS	679 BACOM POINT RD.		1.3 STREET ADDRESS	2935 N. Galloway Rd	
CITY-ST-ZIP	PAHOKEE FL 33476		1.4 CITY-ST-ZIP	Lakeland, FL 33810	
TITLE	VPS	<input type="checkbox"/> DELETE	2.1 TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOM, EDWARD M		2.2 NAME	Broom, Edward M	
STREET ADDRESS	679 BACOM POINT RD.		2.3 STREET ADDRESS	2935 N. Galloway Rd	
CITY-ST-ZIP	PAHOKEE FL 33476		2.4 CITY-ST-ZIP	Lakeland, FL 33810	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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:** Kimberly M. Broom Kimberly M. Broom 4-19-99 941-859-2741  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #