

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **395947** (5)
1. Corporation Name
CAMPBELL PAINTING, INC.



Principal Place of Business: **8188 PALOMINO DRIVE LAKE WORTH FL 33467**
Mailing Address: **P O BOX 20486 W PALM BCH FL 33416-0486 US**

3. Date Incorporated or Qualified: **02/16/1972** 3a. Date of Last Report: **02/03/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FBI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1383103	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAMPBELL, THEODORE R
8188 PALOMINO DRIVE
LAKE WORTH FL 33467**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CAMPBELL, THEODORE R.	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8188 PALOMINO DRIVE	12. NAME	
STREET ADDRESS	LAKE WORTH FL	13. STREET ADDRESS	
CITY - ST - ZIP	SVP	14. CITY - ST - ZIP	
TITLE	CAMPBELL, LEILANI S.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8188 PALOMINO DRIVE	2.2 NAME	
STREET ADDRESS	LAKE WORTH FL	2.3 STREET ADDRESS	
CITY - ST - ZIP	T	2.4 CITY - ST - ZIP	
TITLE	CAMPBELL, SLOAN R.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	345 MARTIN AVENUE	3.2 NAME	
STREET ADDRESS	GREENACRES FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		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		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		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 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]* **4/29/96** **407-964-9313**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Leilani S. Campbell, Vice Pres.**
DATE: **4/29/96** TELEPHONE NUMBER: **407-964-9313**

CR2E034 (12/95)