

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
95 JAN 25 PM 2:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000060831 (2)**

1. Corporation Name  
**CAMPECHANGA, INC.**

Principal Place of Business Mailing Address  
**6120 ATLANTIC BLVD. JACKSONVILLE FL 32211**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/18/1994** 3a. Date of Last Report **N.A.**  
4. FEI Number **59-3263979** 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  
7. This corporation has liability for intangible tax under S. 109.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
**DOYLE, WILLIAM E  
225 WATER ST.  
SUITE 1400  
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent  
01 Name  
02 Street Address (P.O. Box Number is Not Acceptable)  
03  
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 607.0503, Florida Statutes.

SIGNATURE (Signature, typed or printed name of registered agent and title if applicable) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>SPROWELL, THOMAS W</b>
STREET ADDRESS	<b>329 15TH ST. NORTH</b>
CITY - ST - ZIP	<b>JACKSONVILLE BEACH FL 32250</b>
TITLE	<b>D</b>
NAME	<b>MCGUIRE, VINCE</b>
STREET ADDRESS	<b>8120 ATLANTIC BLVD.</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL 32211</b>
TITLE	<b>D</b>
NAME	<b>BOULIER, DAVID L</b>
STREET ADDRESS	<b>6419 HYDE RD.</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL 32219</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(2)(b), 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 treasurer or transfer agent empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my declaration.

SIGNATURE: David L. Boulier 1/12/95 Date 904-727-5050  
DAVID L. BOULIER