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**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90042 018 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P94000060831**

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



Principal Place of Business: 8120 ATLANTIC BLVD. JACKSONVILLE FL 32211  
 Mailing Address: 8120 ATLANTIC BLVD. JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/18/1994**

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

8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business: 21 [ ] Suite, Apt. #, etc.: 22 [ ] City & State: 23 [ ] Zip: 24 [ ] Country: 25 [ ]

2a. Mailing Address: 26 [ ] Suite, Apt. #, etc.: 27 [ ] City & State: 28 [ ] Zip: 29 [ ] Country: 30 [ ]

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOYLE, WILLIAM E  
 1301 RIVERPLACE BLVD  
 STE 2600  
 JACKSONVILLE FL 32202

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

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: [ ] (NOTE: Registered Agent signature required when reinstating) DATE: [ ]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	SPROWELL, THOMAS W 329 15TH ST. NORTH JACKSONVILLE BEACH FL 32250	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	MCGUIRE, VINCE 8120 ATLANTIC BLVD. JACKSONVILLE FL 32211	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	BOULIER, DAVID L 1136 LANDS END LN JACKSONVILLE FL	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [ ]	[ ]	3.2 NAME	1136 LANDS END LN ZIP 32225
TITLE: [ ]	[ ]	3.3 STREET ADDRESS	[ ]
TITLE: [ ]	[ ]	3.4 CITY-ST-ZIP	[ ]
TITLE: [ ]	[ ]	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [ ]	[ ]	4.2 NAME	[ ]
TITLE: [ ]	[ ]	4.3 STREET ADDRESS	[ ]
TITLE: [ ]	[ ]	4.4 CITY-ST-ZIP	[ ]
TITLE: [ ]	[ ]	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [ ]	[ ]	5.2 NAME	[ ]
TITLE: [ ]	[ ]	5.3 STREET ADDRESS	[ ]
TITLE: [ ]	[ ]	5.4 CITY-ST-ZIP	[ ]
TITLE: [ ]	[ ]	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [ ]	[ ]	6.2 NAME	[ ]
TITLE: [ ]	[ ]	6.3 STREET ADDRESS	[ ]
TITLE: [ ]	[ ]	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: David L Boulier (DAVID L. BOULIER) 1/6/99 904-727-5050  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)