

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 # P94000060831 (2)

1. Corporation Name

CAMPECHANGA, INC.



Principal Place of Business

8120 ATLANTIC BLVD.
JACKSONVILLE FL 32211

Mailing Address

8120 ATLANTIC BLVD.
JACKSONVILLE FL 32211

3. Date Incorporated or Qualified

08/18/1994

3a. Date of Last Report

01/25/1995

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 has liability for intangible tax under s. 199.032,
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

25 Country

28 Zip

30 Country

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

81 Name

SAME AGENT, NEW ADDRESS

82 Street Address (P.O. Box Number is Not Acceptable)

83

6 E. BAY ST., Suite 320

84 City

JAX

FL

85 Zip Code

32202

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP
D
SPROWELL, THOMAS W
329 15TH ST. NORTH
JACKSONVILLE BEACH FL 32250

1.1 TITLE ☐ Change ☐ Addition

2.1 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP
D
MCGUIRE, VINCE
8120 ATLANTIC BLVD.
JACKSONVILLE FL 32211

2.1 TITLE ☐ Change ☐ Addition

3.1 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP
D
BOULIER, DAVID L
6419 HYDE RD.
JACKSONVILLE FL 32219

3.1 TITLE ☐ Change ☐ Addition

4.1 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

5.1 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

6.1 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

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 and typed or printed name of signing officer or director

1/22/96

904-727-5050

CR2E034 (12/95)