

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 306015

(9)

1. Corporation Name

TOMMY CAMPBELL SALES, INC.

FILED

98 MAR 13 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 97-98

Principal Place of Business

91 WEST MCINTYRE STREET
202
KEY BISCAIYNE FL 33149
US

Mailing Address

P.O. BOX 5028
IMMOKALEE FL 34143-5001
US

3. Date Incorporated or Qualified

06/14/1966

3a. Date of Last Report

04/10/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 91 West McIntyre Street

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

27 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

27 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

28 Key Biscayne FL

29 33149

30 US

4. FEI Number

59-1164965

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WAKEFIELD, THOMAS
91 W MCINTYRE ST SUITE 202
KEY BISCAIYNE FL 33149

81 Name

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

83

84 City

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 607.0805, Florida Statutes.

SIGNATURE

THOMAS WAKEFIELD

3/2/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD
CAMPBELL, CAROL L
27950 SW 182ND AVE
HOMESTEAD FL

DELETE

TITLE

SD
CAMPBELL, SCOTT
5250-4 CEDAR BEND DRIVE
FT MYERS FL

DELETE

TITLE

AS
WAKEFIELD, THOMAS H
1028 COTORRO AVE
CORAL GABLES FL

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Change Addition

800002458948--5

-03/17/98 - -01025--007

***900.00 ***900.00

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I do hereby certify that the information supplied in 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.

SIGNATURE

THOMAS WAKEFIELD

CR2E034 (9/96)