

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **353922** (8)

1. Corporation Name  
**CAMPBELL-VAN KESTEREN, INC.**



Principal Place of Business: **5100 95 STREET, NORTH ST PETERSBURG FL 33708**  
Mailing Address: **5100 95 STREET, NORTH ST PETERSBURG FL 33708**

3. Date Incorporated or Qualified: **10/16/1969**  
3a. Date of Last Report: **01/23/1995**  
4. FEI Number: **59-1287995**  
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: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
21, 22, 23, 24: Title, Name, Street Address, City, State, Zip, Country  
26, 27, 28, 29, 30: Title, Name, Street Address, City, State, Zip, Country

9. Name and Address of Current Registered Agent  
**CAMPBELL, W.FRED  
9931 PINE LAKE TRAIL  
ST. PETERSBURG FL 33708**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: \_\_\_\_\_  
Signature of the person who is filing this report: \_\_\_\_\_ Date Registered Agent Signature required when replacing: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <b>CAMPBELL, W.FRED</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMPBELL, W.FRED</b>	12. NAME	
STREET ADDRESS	<b>9931 PINE LAKE TRAIL</b>	13. STREET ADDRESS	
CITY-STATE-ZIP	<b>ST PETERSBURG FL</b>	14. CITY-STATE-ZIP	
TITLE	D <b>VANKESTEREN, HENRY</b>	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VANKESTEREN, HENRY</b>	22. NAME	
STREET ADDRESS	<b>ONE BEACH DR, APT 2706</b>	23. STREET ADDRESS	
CITY-STATE-ZIP	<b>ST PETERSBURG FL</b>	24. CITY-STATE-ZIP	
TITLE	D <b>VANKESTEREN, EVELYN</b>	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VANKESTEREN, EVELYN</b>	32. NAME	
STREET ADDRESS	<b>ONE BEACH DR, APT 2706</b>	33. STREET ADDRESS	
CITY-STATE-ZIP	<b>ST PETERSBURG FL</b>	34. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-STATE-ZIP		44. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-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: *W. Fred Campbell* **W. Fred Campbell** 2/21/96 (813) 392-5116  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE REGISTERED AGENT

CR2E034 (12/95)