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Feb 17 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33708-3764**

3. Date Incorporated or Qualified

10/16/1969

3a. Date of Last Report

02/27/1996

2. Principal Place of Business

21

2a. Mailing Address

26

9931 Pine Lake Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

St Petersburg, Fl

23

Zip

Country

28

Zip

33708

Country

USA

24

25

29

30

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **CAMPBELL, W.FRED**
STREET ADDRESS **9931 PINE LAKE TRAIL**
CITY- ST- ZIP **ST PETERSBURG FL**

TITLE **D** ☐ DELETE

NAME **VANKESTEREN, HENRY**
STREET ADDRESS **ONE BEACH DR, APT 2706**
CITY- ST- ZIP **ST PETERSBURG FL**

TITLE **D** ☐ DELETE

NAME **VANKESTEREN, EVELYN**
STREET ADDRESS **ONE BEACH DR, APT 2706**
CITY- ST- ZIP **ST PETERSBURG FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ 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 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:

W. Fred Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/97 (813) 392 5116

Date

Daytime Phone #

CR2E034 (9/96)