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FILED
Apr 09 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 # 381762 (4)
 1. Corporation Name
KOHLER-CAMPBELL & ASSOCIATES, INC.



Principal Place of Business
3734 131ST AVE. NORTH STE. 14-15 CLEARWATER FL 34622 US

Mailing Address
P. O. BOX 17329 CLEARWATER FL 34622-0329 US

3. Date Incorporated or Qualified **05/07/1971** 3a. Date of Last Report **05/01/1996**

4. FEI Number **59-1348094** 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 Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
**O'NEILL, CHARLES F.
 719 PEARL CIRCLE
 BRANDON FL 33510**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MCFATHER, PAUL J	
STREET ADDRESS	1200 NW 20TH AVE.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	PO	<input type="checkbox"/> DELETE
NAME	O'NEILL, CHARLES F	
STREET ADDRESS	719 PEARL CIRCLE	
CITY-ST-ZIP	BRANDON, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	METTS, DEWEY III	
STREET ADDRESS	18320 NETTLES RD.	
CITY-ST-ZIP	LUTZ FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PICKETT, WAYNE H.	
STREET ADDRESS	435 SUMMITT CHASE DRIVE	
CITY-ST-ZIP	VALRICO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BUSER, RUSSELL D	
STREET ADDRESS	4416 NW 73RD AVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Charles F. O'Neill* **CHARLES F. O'NEILL** 4/3/97 (813) 572-5507

CR2E034 (9/96)