

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Barbara B. Matham
Secretary of State
Tallahassee, Florida 32399-0400

**APPROVED
AND
FILED**

SEAL - 1 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 521071

(1)

1. CORPORATION NAME:

FERRIN C. CAMPBELL, SR., P.A.

Principal Place of Business:

**335 NORTH MAIN STREET
P.O. BOX 846
CRESTVIEW FL 32536-7846**

Mailing Address:

**335 NORTH MAIN STREET
P.O. BOX 846
CRESTVIEW FL 32536-7846**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporation or Qualification 12/28/1976	35. Date of Last Report 05/01/1994
4. FFI Number 59-1726690	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 § 198.11(1), Florida Statute ☐ Yes ☐ No	

2. Principal Place of Business 21	2a. Mailing Address 26
State App # etc. 22	State App # etc. 27
City & State 23	City & State 28
Zip 24	Zip 29
Country 25	Country 30

9. Name and Address of Current Registered Agent

**GREENE, REGINA
335 NORTH MAIN STREET
CRESTVIEW FL 32536-7846**

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 198.01(1), (2), and (3), Florida Statutes, the above named corporation authenticates 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 Sections 198.01(1), (2), and (3), Florida Statutes.

SIGNATURE

(If the Corporation is a Foreign Corporation, the signature of the President or Secretary must be provided.)

(If the Corporation is a Domestic Corporation, the signature of the President or Secretary must be provided.)

(If the Corporation is a Foreign Corporation, the signature of the President or Secretary must be provided.)

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME P RICE, DALE E. 215 US HWY 90 EAST CRESTVIEW FL	☐ Change ☐ Addition
STREET ADDRESS ST GREENE REGINA 335 NORTH MAIN STREET CRESTVIEW FL	☐ Change ☐ Addition
CITY	☐ Change ☐ Addition
STATE	☐ Change ☐ Addition
ZIP	☐ Change ☐ Addition
COUNTRY	☐ Change ☐ Addition
NAME	☐ Change ☐ Addition
STREET ADDRESS	☐ Change ☐ Addition
CITY	☐ Change ☐ Addition
STATE	☐ Change ☐ Addition
ZIP	☐ Change ☐ Addition
COUNTRY	☐ Change ☐ Addition
NAME	☐ Change ☐ Addition
STREET ADDRESS	☐ Change ☐ Addition
CITY	☐ Change ☐ Addition
STATE	☐ Change ☐ Addition
ZIP	☐ Change ☐ Addition
COUNTRY	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that my signature is required by Chapter 198, Florida Statutes. I further certify that the information included on this document is not required by any other law, and that my signature is required by Chapter 198, Florida Statutes. I am a duly qualified officer or director of this corporation. I am the registered agent, and I am familiar with and accept the obligations of Sections 198.01(1), (2), and (3), Florida Statutes, and that my name appears on Block 12 of Block 13 of this document, or on an attached form with an address.

SIGNATURE:

Regina Greene
SIGNATURE AND TITLE OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

4/27/95 (904) 682-5181