FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 APR 24 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **576406** **(3)**

1. Corporation Name
CAMPAGNA HOMES, INC.

Principal Place of Business	Mailing Address
1310 PRESERVATION WAY OLDSMAR FL 34677 US	1310 PRESERVATION WAY OLDSMAR FL 34677 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/21/1978**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **59-1829266** ☐ 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

9. Name and Address of Current Registered Agent

CAMPAGNA, SAMUEL, JR
2278 PINNACLE CIRCLE NORTH
PALM HARBOR FL 34684

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	Attached	☑ Change ☐ Addition
NAME	CAMPAGNA, SAMUEL C, JR	1.2 NAME		
STREET ADDRESS	2278 PINNACLE CIR., N.	1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP		
TITLE	SD	2.1 TITLE		☐ Change ☐ Addition
NAME	CAMPAGNA, PATRICK T	2.2 NAME		
STREET ADDRESS	2548 ANDERSON DR., W.	2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 00000	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE		☐ Change ☐ Addition
NAME	CAMPAGNA, MICHAEL P	3.2 NAME		
STREET ADDRESS	2522 ANDERSON DR., W.	3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 00000	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	CAMPAGNA, HELEN C	4.2 NAME		
STREET ADDRESS	2278 PINNACLE CIR., N.	4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-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)(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: _____ Michael Campagna 4-13-95 (813) 797-1791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

097A91 CP

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE ANNUAL REPORT SECTION AT (904) 487-6056.

FILING FEE $200.00	ANNUAL REPORT ### DE - $### ...ATION SUPPLEMENTAL FEE ...MENT OF STATE

Reminder:

1. Changes in addresses, officers and registered agent mu
2. Include information in Blocks 3 and 4 if not preprinted t
3. Signature of the proper officer or director as noted in in
4. Indicate liability for intangible tax under s. 199.032, Flor
5. Submit with total amount due in the form of a separate c Fee is $200.00.

Block 1. Block 1 is preprinted with the corporation's name, documer of corporation cannot be changed by way of this annual rep

Block 2. Enter the principal place of business if different from the ma

Block 2a. If the computer-entered mailing address in Block 1 is incorr

Block 3. Enter the date of incorporation or qualification with this offic

Block 3a. Enter the file date of the last filed annual report, if applicable.

Block 4. Complete Block 4 by entering your Federal Employer Identific now provide the FEI number. For assistance with FEI number

Block 5. Should you desire a certificate reflecting your corporation's s fee.

Block 6. Florida law allows for a voluntary contribution of $5.00 per tax and members of the Cabinet. If you would like to contribute, c

Block 8. Check the appropriate box. Please direct all intangible tax que

Block 9. The law requires that each corporation have a Registered Age in Block 10. There is no additional fee to change the Registere

Block 10. Enter name of new Registered Agent and/or new address. This THE CORPORATION CANNOT BE ITS OWN REGISTERED AGE

Block 11. The new registered agent must indicate familiarity with sectio signing in Block 11. No signature is necessary if the same Reg their position with the corporation. NOTE: Registered agent si

Block 12. Block 12 contains the last information on officers/directors re block 13. If there is no change in the information, nothing else

Block 13. Block 13 is for changes or additions to the existing Officers/Di title line: *P=President; V=Vice President; T=Treasurer; S=Secr positions, e.g., S/D; V/S; V/T/D.* NOTE: A DIRECTOR MUST BE pursuant to Section 119.07(k), Florida Statutes, an alternate a the mailing address and "N/A".

Block 14. This report must be signed in Block 14 with an original signat In Block 12, Block 13 if a change, or on an attachment with a s A signature placed on an attachment in lieu of placement in B

Send only 1995 Preprinted Annual Reports with stub and check to:

Division of Corporations
Annual Reports
Post Office Box 1500
Tallahassee, Florida 32302-1500
Phone Number: (904) 487-6056

EFFECTIVE FEBRUARY SIXTH, 1995, THE NEW ADDRESS FOR M P CAMPAGNA HOMES, INC WILL BE:

MP CAMPAGNA HOMES, INC
701 ENTERPRISE RD E SUITE 404
SAFETY HARBOR, FLORIDA 34695
(813) 797-9791
(813) 799 0240 FACSIMILE

PLEASE MAKE NOTE IN YOUR RECORDS.
THANK YOU!

through a United States Bank to Department of State.)

iness as previously reported to our office. The name

s previously reported, in Block 2.

t Office Box is acceptable.

x. If "applied for" is preprinted in Block 4, you must

Block 5 and include an additional $8.75 with your filing

ng of political campaigns for the offices of the Governor

3671.

y in Block 9 is incorrect, enter the correct information

ail service is NOT acceptable for service of process.

e obligations and this appointment by completing and a different corporation, the person signing must state

in block 12, corrections or additions are to be made in

ed and legible. Use the following type symbols on the *tor. If a person holds more than one position, enter all* R. NOTE: If officer or director's address is confidential st street addresses. If there is no street address, enter

y, Treasurer or Director of the Corporation that is listed receiver, it must be signed by the trustee or receiver.

respondence to this address:

14
ht Delivery):

99

INFORMATI

If the check submitted with this report is returned by a bank for any reas filed. The Department of State will administratively dissolve the corporation if a replacement payment with a ... reports are not resubmitted within the prescribed time frame.