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3-2-95 B-17219 C

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAR -2 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **611010** **(0)**

1. Corporation Name

JOHN CAMPBELL ELECTRIC, INC.

Principal Place of Business	Mailing Address
1333 GOLF DRIVE FORT MYERS FL 33919	1333 GOLF DRIVE FORT MYERS FL 33919

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/23/1979
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business (21)
2a. Mailing Address (26): P.O. BOX 7193

Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)

City & State (23)
City & State (28)

Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-1917077 ☐ 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

CAMPBELL, JOHN W.
1333 GOLF DRIVE
FORT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name: CAMPBELL, GEORGE R.
82 Street Address (P.O. Box Number is Not Acceptable): 14600 S. TAMIAMI TRAIL
83
84 City: FT. MYERS **FL** 85 Zip Code: 33912

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	PTD	1.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	CAMPBELL, JOHN W.	1.2 NAME		
STREET ADDRESS	1333 GOLF DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL	1.4 CITY-ST-ZIP		
TITLE	VSD	2.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	CAMPBELL, JANET L.	2.2 NAME		
STREET ADDRESS	1333 GOLF DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	CAMPBELL, GEORGE R	3.2 NAME		
STREET ADDRESS	14600 S TAMIAMI TRAIL	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	VSD	☐ Change ☒ Addition
NAME		4.2 NAME	CLARICE CAMPBELL	
STREET ADDRESS		4.3 STREET ADDRESS	14600 S. TAMIAMI TRAIL	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	FT. MYERS, FL 33912	
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: /s/ Mary K. Campbell 2/27/95 1981-0073
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0323160 CP