FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 APR 20 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **844330** **(1)**

1. Corporation Name

CAMPBELL INSURANCE AGENCY OF FLORIDA, INC.

Principal Place of Business	Mailing Address
325-84TH ST..S.W. P.O.BOX 1788 (GRAND RAPIDS. MI.49501) BYRON CENTER MI 49315	325-84TH ST..S.W. P.O.BOX 1788 (GRAND RAPIDS. MI.49501) BYRON CENTER MI 49315

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/10/1979**

3a. Date of Last Report: **04/05/1994**

2. Principal Place of Business (21):

2a. Mailing Address (26):

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: **59-2004506** ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	11 TITLE	☐ Change ☐ Addition
NAME	WABECKE, MARK	12 NAME	
STREET ADDRESS	4625 E. BAY	13 STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL 0	14 CITY-ST-ZIP	
TITLE	TS	21 TITLE	☐ Change ☐ Addition
NAME	VAN DAM, WAYNE	22 NAME	
STREET ADDRESS	3685 146TH ST.	23 STREET ADDRESS	
CITY-ST-ZIP	HAMILTON MI	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	VAN DAM, WAYNE	32 NAME	
STREET ADDRESS	3685 146TH ST	33 STREET ADDRESS	
CITY-ST-ZIP	HAMILTON MI	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BARNABY, MERLE S.	42 NAME	
STREET ADDRESS	9750 KALAMAZOO	43 STREET ADDRESS	
CITY-ST-ZIP	CALEDONIA MI	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SCHINNERER, EDWARD M.	52 NAME	
STREET ADDRESS	1820 WATERBURY	53 STREET ADDRESS	
CITY-ST-ZIP	GRAND RAPIDS MI	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	~~MCKINNEY, RICHARD A.~~	62 NAME	
STREET ADDRESS	~~7700 THORNAPPLE BLVD.~~	63 STREET ADDRESS	
CITY-ST-ZIP	~~GRAND RAPIDS MI~~	64 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 changed, or an an attachment with an address.

SIGNATURE: [signature] 4-12-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400031 FN