

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 DEC 16 AM 11:08

# 1218



1. Name of Limited Partnership

1a. DOCUMENT #  
**A95000001982**

**CAMPBELL GROUP LIMITED PARTNERSHIP**

Mailing Address

524 MAIN ST. - #188  
HONESDALE PA 18431

Principal Office Address

524 MAIN ST. - #188  
HONESDALE PA 18431

3. Date Formed or Registered

12/15/1995

5a. Capital Contributions as  
Shown on record.

\$1,000.00

3a. Date of Last Report

04/10/1997

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

4. State or Country of Formation

FL

2. Mailing Address

524 MAIN ST

2a. Principal Office Address

524 MAIN ST

Suite, Apt. #, etc.

#321

Suite, Apt. #, etc.

#321

City & State

HONESDALE, PA

City & State

HONESDALE, PA

Zip

18431

Country

Zip

18431

Country

6. FEI Number

23-2829416

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired



\$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

LAUER, MARK  
360 S. MILITARY TRAIL  
DEERFIELD BEACH FL 33442

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

CAMPBELL, BARRY

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

524 MAIN ST. - #188  
#321

11b. City, State & Zip Code

HONESDALE PA 18431

11c. Registration/  
Document Number

000002378240--2  
-12/19/97--01094--004  
\*\*\*\*165.00 \*\*\*\*165.00

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

*Barry W Campbell*

DATE

12/11/97

Typed or Printed Name of General Partner Signing Form

BARRY W CAMPBELL

Daytime Telephone Number

(717) 685-4814

CP25003 (6/97)