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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 2:46

DOCUMENT # **F88866** **(1)**

1. Corporation Name
CAMPBELL CONSULTANTS, INC.

Principal Place of Business	Mailing Address
5601 116TH AVE NORTH CLEARWATER FL 34620	5601 116TH AVE NORTH CLEARWATER FL 34620

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1982
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)

4. FEI Number: 59-2205770 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

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, ROBERT A
7501 135TH STREET
SEMINOLE FL 33542

10. Name and Address of New Registered Agent

81 Name: DeLong, William R.
82 Street Address (P.O. Box Number is Not Acceptable): 6252 68th Avenue North
83
84 City: Pinellas Park FL 85 Zip Code: 34665

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: William R. DeLong (Signature typed or printed name of new registered agent and title if applicable) — William R. DeLong, President (NOTE: Registered Agent signature required when reinstating) — DATE: 1/11/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE	PTD	XX Change ☐ Addition
NAME	DELONG, WILLIAM R	12 NAME	DeLong, William R.	
STREET ADDRESS	6252 68TH AVE NO	13 STREET ADDRESS	6252 68TH Avenue North	
CITY ST ZIP	PINELLAS PARK, FL 00000	14 CITY ST ZIP	Pinellas Park, Fl. 34665	
TITLE	VSD	21 TITLE	VSD	XX Change ☐ Addition
NAME	CAMPBELL, BARBARA S	22 NAME	DeLong, Margaret M.	
STREET ADDRESS	7501 135TH ST	23 STREET ADDRESS	6252 68TH Avenue North	
CITY ST ZIP	SEMINOLE, FL 00000	24 CITY ST ZIP	Pinellas Park, Fl. 34665	
TITLE	PTD	31 TITLE		XX Change ☐ Addition
NAME	CAMPBELL, ROBERT A	32 NAME	DELETE Campbell, Robert A.	
STREET ADDRESS	7501 135TH ST	33 STREET ADDRESS		
CITY ST ZIP	SEMINOLE, FL 00000	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: William R. DeLong — 1/11/95 (Date) — 813-573-4506 (Daytime Phone #)

William R. DeLong, President
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR)

0397366 CP