

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Secretary of State

1996-196

B-5135 NC

DOCUMENT # **F94000003460 (2)**

1. Corporation Name

CAMPBELL-PHILLIPS & ASSOCIATES, INC.

Principal Place of Business

P.O. BOX 9501
1666 MONTGOMERY HWY
DOTHAN AL 36304-1501

Mailing Address

P.O. BOX 9501
1666 MONTGOMERY HWY
DOTHAN AL 36304-1501



3. Date Incorporation or Qualification: **06/30/1994**
3a. Date of Last Report: **04/19/1995**

4. FEI Number: **63-1077399**
Applied For: Not Applicable

5. Corporation Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

8. The corporation is not liable for intangible tax under s. 190.092, Florida Statutes: Yes No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.0107 and 607.0108, Florida Statutes, the corporation or its registered agent, or both, in the State of Florida, is hereby giving written consent to the corporation's board of directors that they accept the appointment as registered agent of the firm with and accept the obligations of Sections 607.0107 and 607.0108, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	PHILLIPS, LYNN C	
STREET ADDRESS	1666 MONTGOMERY HWY	
CITY, ST, ZIP	DOTHAN AL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
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TITLE		<input type="checkbox"/> DELETE
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CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS LIST

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I do hereby certify that the information reported with this filing is true and correct, and I am not aware of any information that would cause me to believe that the information reported is false or misleading. I further certify that the information reported on this annual report is true and correct, and I am not aware of any information that would cause me to believe that the information reported is false or misleading. I hereby certify that the information reported on this annual report is true and correct, and I am not aware of any information that would cause me to believe that the information reported is false or misleading. I hereby certify that the information reported on this annual report is true and correct, and I am not aware of any information that would cause me to believe that the information reported is false or misleading.

SIGNATURE: *Lynn C. Phillips*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A/25/96 (334)671-1628

CR2E034 (12/95)