

**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. EIN Number: **63-1077399**      Applied For:  Not Applicable

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

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

8. This 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

25. Country

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. Zip

29. Country

30. 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

85. Zip Code

**FL**

11. Pursuant to the provisions of Sections 607.0107 and 607.0108, Florida Statutes, I, the undersigned, hereby certify that I am a resident of the State of Florida, and I am qualified to be appointed as a registered agent for the purpose of changing its registered office or registered agent, or both, in the State of Florida, and I hereby accept the appointment of the corporation's board of directors. The day to accept the appointment as registered agent, I am...

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS LIST

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I do hereby certify that the information reported with this filing is true and correct, and I am qualified to be appointed as a registered agent for the purpose of changing its registered office or registered agent, or both, in the State of Florida, and I hereby accept the appointment of the corporation's board of directors. The day to accept the appointment as registered agent, I am...

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

A/25/96 (334)671-1628

CR2E034 (12/95)