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 30 AM 10:24

DOCUMENT # G02998 (4)

1. Corporation Name
CAMPBELL BROS. HARVESTING, INC.

Principal Place of Business	Mailing Address
2090 HIGHWAY 540 W P. O. BOX 920 WINTER HAVEN FL 33882-7920	2090 HIGHWAY 540 W P. O. BOX 920 WINTER HAVEN FL 33882-7920

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/04/1982
3a. Date of Last Report: 01/25/1994

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: 59-2220044 ☐ 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

CAMPBELL, RICHARD L.
6779 WINTERSET GARDENS ROAD
WINTER HAVEN, FL
33884

10. Name and Address of New Registered Agent

81 Name: RICHARD CAMPBELL
82 Street Address (P.O. Box Number is Not Acceptable): 1024 BRADBURY RD
83:
84 City: WINTER HAVEN FL 85 Zip Code: 33880

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	ST	1.1 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, EVA J.	1.2 NAME	
STREET ADDRESS	102 CAMPBELL DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☒ Change ☐ Addition
NAME	CAMPBELL, RICHARD L	2.2 NAME	
STREET ADDRESS	6779 WINTERSET GRDNS RD	2.3 STREET ADDRESS	1024 BRADBURY RD
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	WINTER HAVEN , FLORIDA 33880
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, CHARLES W	3.2 NAME	
STREET ADDRESS	146 AUDUBON RD., SE	3.3. STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, ARCHIE D	4.2 NAME	
STREET ADDRESS	5901 SR 542 E	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Archibald D. Campbell 1-20-95 813-294-1121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ARCHIBALD D CAMPBELL

0016452 CP