

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # G02998

(4)

1. Corporation Name

CAMPBELL BROS. HARVESTING, INC.

Principal Place of Business

2080 HIGHWAY 540 W  
P. O. BOX 820  
WINTER HAVEN FL 33882-7820

Mailing Address

2080 HIGHWAY 540 W  
P. O. BOX 820  
WINTER HAVEN FL 33882-0920

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CAMPBELL, RICHARD  
1024 BRADYBURY ROAD  
WINTER HAVEN, FL  
WINTER HAVEN FL 33880

3. Date Incorporated or Qualified

10/04/1982

3a. Date of Last Report

01/30/1996

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

10. Name and Address of New Registered Agent

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 607.0502 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

(Signature of Registered Agent or Officer and Director)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	ST	DELETE
NAME	CAMPBELL, EVA J.	
STREET ADDRESS	102 CAMPBELL DR.	
CITY, ST, ZIP	WINTER HAVEN FL	
TITLE	PD	DELETE
NAME	CAMPBELL, RICHARD L	
STREET ADDRESS	1024 BRADYBURY ROAD	
CITY, ST, ZIP	WINTER HAVEN FL	
TITLE	VD	DELETE
NAME	CAMPBELL, CHARLES W	
STREET ADDRESS	146 AUDUBON RD., SE	
CITY, ST, ZIP	WINTER HAVEN FL	
TITLE	VD	DELETE
NAME	CAMPBELL, ARCHIE D	
STREET ADDRESS	5901 SR 542 E	
CITY, ST, ZIP	WINTER HAVEN FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Change	Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	Change	Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	Change	Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	Change	Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	Change	Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE	Change	Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I hereby certify that the information supplied with this filing 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: *A.D. Campbell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-97

941-294-1121

Date

Daytime Telephone

CR2E034 (9/96)

FILED  
Mar 27 1997 8:00am  
Secretary of State

