

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

FILED

Apr 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 920
WINTER HAVEN FL 33882-7920

Mailing Address
2080 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	
4. FEI Number 59-2220044	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	27 City & State	28 Zip
22 City & State	27 City & State	29 Zip	30 Country
23 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
FL	

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
ST	CAMPBELL, EVA J.	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
102 CAMPBELL DR.	WINTER HAVEN FL	2.1 TITLE	2.2 NAME
PD	CAMPBELL, RICHARD L	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
1024 BRADBURY ROAD	WINTER HAVEN FL	3.1 TITLE	3.2 NAME
VD	CAMPBELL, ARCHIE D	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
5901 SR 542 E	WINTER HAVEN FL	4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 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.

CR2E034 (10/97)