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 MAR -9 AM 8:34

DOCUMENT # H09303 (9)

1. Corporation Name
CAMPO ENTERPRISES, INC.

Principal Place of Business
% RAMON F. CAMPO
710 OAKFIELD DR #131/PO BOX 2410
BRANDON FL 33509
US

Mailing Address
% RAMON F. CAMPO
710 OAKFIELD DR #131/PO BOX 2410
BRANDON FL 33509
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/25/1984
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 59-2418994 ☐ 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

CAMPO, RAMON F.
710 OAKFIELD DRIVE
SUITE 117
BRANDON FL 33511

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 _____ 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	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	CAMPO, RAMON F.	1.2 NAME	
STREET ADDRESS	1605 COTTAGEWOOD DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	CAMPO, JOSEPHINE V.	2.2 NAME	
STREET ADDRESS	1605 COTTAGEWOOD DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	☐ Change ☐ Addition
NAME	EKONOMOU, DIANA C.	3.2 NAME	
STREET ADDRESS	907 OAK HOLLOW CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	CAMPO, DANIEL E.	4.2 NAME	
STREET ADDRESS	110 DAM IF I NO	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA GRANDE 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: Josephine V. Campo Josephine V. Campo DV 3/2/95 813 685-4214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04405TIB PP