

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H54179** (7)

1. Corporation Name
CAMPBELL'S DAIRYLAND INC.



Principal Place of Business: **% BOYD R. CAMPBELL 11210 LEPRECHAUN DR. RIVERVIEW FL 33569**
 Mailing Address: **% BOYD R. CAMPBELL 11210 LEPRECHAUN DR. RIVERVIEW FL 33569**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
State, Apt. #, etc.					State, Apt. #, etc.				
City & State					City & State				
Zip		Country			Zip		Country		

3. Date Incorporated or Qualified 04/23/1985	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2519346	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CAMPBELL, BOYD R 11210 LEPRECHAUN DR. RIVERVIEW FL 33569				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 607.0502, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPBELL, BOYD R.		12. NAME		
STREET ADDRESS	11210 LEPRECHAUN DR.		13. STREET ADDRESS		
CITY-STATE-ZIP	RIVERVIEW FL		14. CITY-STATE-ZIP		
TITLE	SA	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPBELL, J. PAMELA		22. NAME		
STREET ADDRESS	11210 LEPRECHAUN DR.		23. STREET ADDRESS		
CITY-STATE-ZIP	RIVERVIEW FL		24. CITY-STATE-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEE, LEESA A		32. NAME		
STREET ADDRESS	519 JERRY SMITH ROAD		33. STREET ADDRESS		
CITY-STATE-ZIP	DOVER FL		34. CITY-STATE-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAULES, JAY		42. NAME		
STREET ADDRESS	743 FORTUNA DR		43. STREET ADDRESS		
CITY-STATE-ZIP	BRANDON FL		44. CITY-STATE-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEE, JAMES E.		52. NAME		
STREET ADDRESS	519 JERRY SMITH RD		53. STREET ADDRESS		
CITY-STATE-ZIP	DOVER FL		54. CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			62. NAME		
STREET ADDRESS			63. STREET ADDRESS		
CITY-STATE-ZIP			64. CITY-STATE-ZIP		

**V PAULES, JILL
743 FORTUNA DR.
BRANDON, FL**

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)(k), 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: *Jay Paules* **Jay Paules** 4-5-96 813-685-1189
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)