

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

FILED  
Feb 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Ortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H54179** (7)  
1. Corporation Name  
**CAMPBELL'S DAIRYLAND INC.**



Principal Place of Business <b>% BOYD R. CAMPBELL 11210 LEPRECHAUN DR. RIVERVIEW FL 33569</b>	Mailing Address <b>% BOYD R. CAMPBELL 11210 LEPRECHAUN DR. RIVERVIEW FL 33569</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	30
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3. Date Incorporated or Qualified <b>04/23/1985</b>	4. FEI Number <b>59-2519346</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

g. Name and Address of Current Registered Agent  
**CAMPBELL, BOYD R  
11210 LEPRECHAUN DR.  
RIVERVIEW FL 33569**

10. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>CAMPBELL, BOYD R.</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>11210 LEPRECHAUN DR.</b>	CITY-ST-ZIP <b>RIVERVIEW FL</b>	1.2 NAME	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
TITLE <b>SA</b>	NAME <b>CAMPBELL, J. PAMELA</b>	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>11210 LEPRECHAUN DR.</b>	CITY-ST-ZIP <b>RIVERVIEW FL</b>	2.1 TITLE	
	<input type="checkbox"/> DELETE	2.2 NAME	
TITLE <b>V</b>	NAME <b>LEE, LEESA A</b>	2.3 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>519 JERRY SMITH ROAD</b>	CITY-ST-ZIP <b>DOVER FL</b>	2.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	3.1 TITLE	
TITLE <b>V</b>	NAME <b>PAULES, JAY</b>	3.2 NAME <b>Lee, Leesa A</b>	
STREET ADDRESS <b>743 FORTUNA DR</b>	CITY-ST-ZIP <b>BRANDON FL</b>	3.3 STREET ADDRESS <b>741 sandy creek Dr.</b>	
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP <b>Brandon, FL 33511</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>V</b>	NAME <b>LEE, JAMES E.</b>	4.1 TITLE	
STREET ADDRESS <b>519 JERRY SMITH RD</b>	CITY-ST-ZIP <b>DOVER FL</b>	4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
TITLE <b>V</b>	NAME <b>PAULES, JILL</b>	4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>743 FORTUNA DR</b>	CITY-ST-ZIP <b>BRANDON FL</b>	5.1 TITLE	
	<input type="checkbox"/> DELETE	5.2 NAME <b>Lee, James E</b>	
TITLE <b>V</b>	NAME <b>PAULES, JILL</b>	5.3 STREET ADDRESS <b>741 sandy creek Dr.</b>	
STREET ADDRESS <b>743 FORTUNA DR</b>	CITY-ST-ZIP <b>BRANDON FL</b>	5.4 CITY-ST-ZIP <b>Brandon, FL 33511</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.1 TITLE	
TITLE <b>V</b>	NAME <b>PAULES, JILL</b>	6.2 NAME	
STREET ADDRESS <b>743 FORTUNA DR</b>	CITY-ST-ZIP <b>BRANDON FL</b>	6.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	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.

SIGNATURE \_\_\_\_\_ Same Lee \_\_\_\_\_ 2-2-98 102165-1100

CR2E034 (10/97)