FILED Apr 09, 2002 8:00 am Secretary of State

DOCUMENT # H92324 1. Entity Name CAMPBELL INVESTMENT COMPANY				Secretary of State 04-09-2002 90072 044 ***150.00		
Principal Place of Business 4428 S.W. 35TH TERRACE GAINESVILLE FL 32608		Mailing Address 4428 S.W. 35TH TERRACE GAINESVILLE FL 32608		Ευυουσυγ		
2. Principal Place of Business		3. Mailing Address			BIBIR BIBIR BIBIR BIBIR 1888	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 59-2618787	Applied For Not Applicable	
Zip	Country	Zip	Country		8.75 Additional	
6. Name and Address of Current Registered Agent			None - 7	7. Name and Address of New Registered Agent		
SALTER, JAMES D.			Name			
	ST STREET		Street Address	s (P.O. Box Number is Not Acceptable)		
GAINESVILLE FL 32601			City	City Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State						
11.	OFFICERS AND DI	<u> </u>	12.	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 11	
NAME STREET ADDRESS	DP May, Jack C. 4428 S.W. 35th Terr. Gainesville Fl	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
NAME STREET ADDRESS	VD Miller, G.M. 4428 S.W. 35TH TERR. GAINESVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
NAME STREET ADDRESS	SD SALTER, JAMES D. 703 NE 1ST STREET GAINESVILLE FL	- Delete	NAME STREET ADDRESS CITY-ST-ZIP	الشف القدوريات والمستوال المستوال المست	** Change ** ** Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	artify that the information appoliced with the	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Section 119 07(3)(i) Florida Statutes I further certifi	☐ Change ☐ Addition	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Description Printed Name of Signing OFFICER OR DIRECTOR

32E034 (9/01)