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

| PROFIT |
|---------------|
| CORPORATION |
| ANNUAL REPORT |



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 J12633 DOCUMENT #

1. Corporation Name

(0)

CAMPAGNA PROPERTIES, INC.

| CAMPAGNA PROPERTIES, INC. | | | | | | | | 1864 1864 1864 1864 1864 1864 1864 1864 1864 1864 1864 1864 1864 1864 | | | | |
|---|--|-------------|--------------------------|-------|--------------------|--------------------|--|---|------------------|----------------------------|-----------------------------|--|
| Principal Place of Business 1310 PRESERVATION WAY 2561 FRISCO DR. 2561 PRISCO DR. 2561 PRISCO DR. 2561 PRISCO DR. | | | | | AY | | | | | | | |
| OLDSMAR FL 34677 US | | | OLDSMAR FL 34677 US | | | | 3. Date Incorporated or Qualified 05/02/1986 | 04/24/1995 | | | | |
| 2. Principal Place | of Business | F | Mailing Address | | | | | 4. FEI Number 59-1829266 | | No | pplied For ot Applicable | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc | | | | | | | Additional equired | | |
| 2 | | 27 | City & State | | | | | 6. Election Campaign Financing | | ¥ | May Be | |
| City & State | | 28 | Ony or States | | _ | | | Trust Fund Contribution | | | to Fees | |
| 710 | Country | 120 | Zφ | — · · | untry | | | B. This corporation has liability for in | intangible : | tax under s | 199.032, | |
| Zip 4 | 25 | 29 | | 30 | | | | Florida Statutes Yes 10. Name and Address of New R | egistere/ | d Agent | | |
| <u> </u> | 9. Name and Address of Current | | stered Agent | | - | N.L. | | IV. Name and Address of New F | 0.5.010 | | | |
| | | | | | 81 | Nan ∈ | | | <u> </u> | | | |
| CAMPAGA | NA, SAMUEL, JR NACLE CIRCLE NORTH | | | | 82 | | Addres | ess (P.O. Box Number is Not Acceptable) | | | | |
| | NACLE CIRCLE NORTH RBOR FL 34684 | | | | 83 | | | | | | | |
| TALM FIA | | | | | 84 | City | | | F | 85 Zip | Code | |
| | | | | | 1 | ' | | tion submits this statement for the pu I of directors. I hereby accept the app | | | egistered office | |
| SIGNATURE | d agent, or both, in the State of Fords, and accept the obligations of, Section agreement the state of the st | ta at the i | irac: 33589 dN ECTORS | | | nt Sojn af ind | nezmais | ADDITIONS/CHANGES TO OFF | DATE FICERS A | E AND DIRECTO Change | DRS IN 12 | |
| 12. | DP OFFICERS AND | | DELETE | 1.1 | 1 file | | | | | € ouende | | |
| TITLE NAME | CAMPAGNA, MICHAEL P. | | | | NAME | | | | | | | |
| NAME STREET ADDRESS | 2522 ANDERSON DRIVE WES | ST | | | | ET ACORESS | 5 | | | | | |
| CITY-ST-ZIP | CLEARWATER FL | | | | | S1-ZIF | + | | | Change | Addition | |
| TITLE | D | | ☐ DEFELE | | TITLE S NAME | | | | | - | | |
| NAME | CAMPAGNA, PATRICK T. | ·6* | | | 2 NAME 3 STREE | E E1 ADDRESS | | | | | | |
| STREET ADDRESS | 2548 ANDERSON DRIVE WE | :SI | | | | | 1 | | | | | |
| CITY-ST-ZIP | CLEARWATER FL | | ☐ DELETE | | 4 CITY - 1 THLE | - ST - ZIP .F | + | | | Change | Addition | |
| TITLE | D CAMBAGNA SAMUEL C. JE | Q | | | 2 NAME | | | | | | | |
| NAMÉ | CAMPAGNA, SAMUEL C., JF 2278 PINNACLE CIRCLE NO | n.)RT⊔ | | | | it ISET ADDPES! | 'S | | | | | |
| STREET ADDRESS | 2278 PINNACLE CIRCLE NU PALM HARBOR FL | J1111 | | | | 7 - ST - 7/F | | | | | Addition | |
| CITY-ST-ZIF | FALM FANDOR FL | | DELETE | | 1 111 | | | | | Change | . LI Additio | |
| TITLE | | | | | 2 NAM | | | | | | | |
| NAME | | | | 4 | 3 STRE | EET ADDRESS | is | | | | | |
| STREET ADDRESS | 1 | | | | | Y - ST - ZIF | | | | Change | e 🔲 Additio | |
| CITY-ST-ZIP TiTLE | | | ☐ DELETE | 5 | 5 1 1171 | LE | | | | change | - May 11 | |
| TITLE NAME | | | | | 5.2 NAM | | | | | | | |
| STREET ADDRESS | | | | | | REFITADORES | SS | | | | | |
| CITY-ST-ZIP | | | | | | Y-ST-ZIF | - | | | Change | e 🔲 Additio | |
| TITLE | | | ☐ DELETE | 1 | 6 1 Titl | | | | | | | |
| NAME | | | | | 6 2 NAN | | 00 | | | | | |
| STREET ADDRESS | | | | • | 63 STi | REET ADDRES | :55 | | | | | |
| Jinet Modileon | 1 | | | 11. | 5 4 GIT | SUPET ASS | 1 | | | | | |

14. If 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 do hereby 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 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 certify that I am an officer or director of the corporation or the receiver or trusted 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 any address 1-15-96 (813) 797-9791 SIGNATURE: Julie

6 4 CHY - ST - ZiP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR