

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

FILED  
Feb 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # J32993 (4)  
1. Corporation Name  
ARGYLL ASSOCIATES, INC.

Principal Place of Business

% GORDON W. CAMPBELL  
P.O. BOX 21407  
TAMPA FL 33622-8407

Mailing Address

% GORDON W. CAMPBELL  
P.O. BOX 21407  
TAMPA FL 33622-8407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/12/1986

4. FEI Number

59-2719997

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 425 22nd Ave No

Suite, Apt. #, etc.

22 2nd floor

City & State

23 St Petersburg

Zip

24 33704

Country

25 Pinellas

2a. Mailing Address

26 425 22nd Ave No

Suite, Apt. #, etc.

27 2nd floor

City & State

28 St Petersburg

Zip

29 33704

Country

30 Pinellas

9. Name and Address of Current Registered Agent

CAMPBELL, GORDON W.  
2000 BAYVIEW DR  
TIERRA VERDE FL 33715

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC ☐ DELETE

NAME CAMPBELL, GORDON W.  
STREET ADDRESS 2000 BAYVIEW DR  
CITY-ST-ZIP TIERRA VERDE FL

TITLE D ☐ DELETE

NAME CAMPBELL, PATRICIA M.  
STREET ADDRESS 2000 BAYVIEW DR  
CITY-ST-ZIP TIERRA VERDE FL

TITLE VPS ☐ DELETE

NAME BONENFANT, KAY L  
STREET ADDRESS 5026 PALOMA DR  
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

*[Signature]*

2/20/98

813-822  
9444

CP2E034 (10/97)