

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:33

DOCUMENT # **K45137**

(2)

1. Corporation Name

MORTENSEN CAMPBELL INNOVATIONS INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

% MARY JO M. CAMPBELL
542 CARRIAGE CIR
SATELLITE BEACH FL 32937

Mailing Address

% MARY JO M. CAMPBELL
542 CARRIAGE CIR
SATELLITE BEACH FL 32937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1988

3a. Date of Last Report

05/01/1994

4. FFI Number

59-2917759

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 has liability for intangible tax under S. 190.03(2),
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

State Apt. #, etc.

State Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMPBELL, MARYJO M.
542 CARRIAGE CIR
SATELLITE BEACH FL 32937

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 607.0807 and 607.1505, 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 607.0805, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Designated Agent)

(Signature of Registered Agent or Designated Agent)

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGE S TO OFFICERS AND DIRECTORS IN 12

1. NAME	PT
2. NAME	CAMPBELL, MARYJO M.
3. STREET ADDRESS	542 CARRIAGE CIR
4. CITY, ST, ZIP	SATELLITE BCH FL
5. NAME	VS
6. NAME	CAMPBELL, MARC E.
7. STREET ADDRESS	542 CARRIAGE CIR
8. CITY, ST, ZIP	SATELLITE BCH FL
9. NAME	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. NAME	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. NAME	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

1. NAME	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. NAME	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. NAME	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. NAME	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. NAME	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law 95-117, 118, Florida Statutes. I further certify that the information included on this annual report or supplementary 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 in an addition with an address.

SIGNATURE:

Maryjo M. Campbell

Maryjo M. Campbell

4/29/95

407-73-

9/85