

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 19, 1999 8:00 am
Secretary of State

08-19-1999 90012 034 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K89337
 1. Corporation Name
JAMES E. CAMPBELL, INC.



Principal Place of Business 4149 SE SALERNO RD STUART FL 34990 US	Mailing Address 11816 SW GRAPEFRUIT CT PALM CITY FL 34990-5805 US
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DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
05/19/1989

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65-0126031	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

8. This corporation owes the current year Intangible Personal Property.
 Yes No

9. Name and Address of Current Registered Agent
CAMPBELL, JAMES E.
11816 S.W. GRAPEFRUIT CT.
PALM CITY FL 34990

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
3001 SE Aster Lane
 83
#901
 84 City
Stuart, **FL** 85 Zip Code
34994

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAMPBELL, JAMES E. 11816 S.W. GRAPEFRUIT CT PALM CITY FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3001 SE Aster Lane #901 Stuart, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST CAMPBELL, RHONDA L. 11816 S.W. GRAPEFRUIT CT PALM CITY FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3001 SE Aster Lane #901 Stuart, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Rhonda L. Campbell 8/17/99 561-287-6966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

K89337
608081-90012-34

August 17, 1999

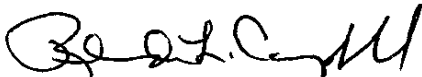
Katherine Harris
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: K89337-James E. Campbell, Inc.

Dear Ms. Harris,

Enclosed is our Corporation Annual Report with a check in the amount of \$150.00. We did not receive the 1st notice. We moved December 12, 1998. Apparently, with the change of address, the 1st notice did not get forwarded correctly. Then to complicate matters further, we have been out of state all summer so I just returned and found the 2nd notice. I realize that it is ultimately my responsibility to remember and file on time, but in the confusion of moving to a new home, I completely forgot. We have been incorporated since 1989 and have never been late. If I had received the 1st notice, it would have been filed in a timely matter. I would greatly appreciate your consideration.

Thank you,



Rhonda L. Campbell
Vice President
James E. Campbell, Inc.