

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

FILED
Jun 25 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 # **L81260** (6)
1. Corporation Name
CAMPBELL-WOOD, INC.



Principal Place of Business

Mailing Address

NETSCH & ASSOCIATES, C.P.A., P.A.
9800 HEALTHPARK CIR #410
FT MYERS FL 33908
US

NETSCH & ASSOCIATES, C.P.A., P.A.
9800 HEALTH PARK CIR #410
FT MYERS FL 33908
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1990

4. FEI Number

65-0229520

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 **9800 S. HealthPark Drive**

Suite, Apt. #, etc.

22 **#410**

City & State

23 **Fort Myers, Florida**

Zip

24 **33908**

Country

25 **USA**

2a. Mailing Address

26 **9800 S. HealthPark Drive**

Suite, Apt. #, etc.

27 **#410**

City & State

28 **Fort Myers, Florida**

Zip

29 **33908**

Country

30 **USA**

9. Name and Address of Current Registered Agent

WOOD, COLIN D.
NETSCH & ASSOCIATES, C.P.A., P.A.
9800 HEALTHPARK CIRCLE #410
FT MYERS BEACH FL 33908

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

Netsch & Associates, CPA, PA

83

9800 S. HealthPark Drive, #410

84 City

Fort Myers

85

Zip Code

FL

33908

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 **DP** ☐ DELETE
NAME **WEISS, JAMES**
STREET ADDRESS **70 FRIE ST**
CITY-ST-ZIP **HAMILTON ONT CA**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 **WEISS, JAMES C/O LONDON TELECOM**
1.3 STREET ADDRESS **2502 ROCKY POINT DRIVE, SUITE 107**
1.4 CITY-ST-ZIP **TAMPA, FLORIDA 33607**

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.

CR2E034 (10/97)