FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 8:34

DOCUMENT # **M65574** **(9)**

1. Corporation Name
CAMPBELL DESIGN & ENGINEERING, INC.

Principal Place of Business	Mailing Address
~~POST OFFICE BOX 561089~~ ~~ROCKLEDGE FL 32956-1089~~	~~POST OFFICE BOX 561089~~ ~~ROCKLEDGE FL 32956-1089~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/22/1988	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2863853	☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 184 Barrett Dr	26 PO Box 561089
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Rockledge FL	28 City & State: Rockledge FL
24 Zip: 32955 25 Country	29 Zip: 32956-1089 30 Country

9. Name and Address of Current Registered Agent

CAMPBELL, KEVIN
~~315 RIVERSIDE AVE.~~
MERRITT ISLAND FL ~~32953~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1100 Redwood Rd
83
84 City: FL 85 Zip Code: 32952

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: K. Campbell — 02 Apr 95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVT	11 TITLE	☒ Change ☐ Addition
NAME	CAMPBELL, KEVIN	12 NAME	
STREET ADDRESS	~~315 RIVERSIDE AVE.~~ 1100 Redwood Rd	13 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	14 CITY-ST-ZIP	
TITLE	VPT	21 TITLE	☒ Change ☐ Addition
NAME	CAMPBELL, GRETCHEN M.	22 NAME	
STREET ADDRESS	~~315 RIVERSIDE AVE.~~ 1100 Redwood Rd	23 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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)(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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added to the report with an address.

SIGNATURE: K. Campbell — Kevin Campbell — 02 Apr 95 — (407) 632-3121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

042A01 FP