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 MAR 14 AM 8:36

DOCUMENT # M77565 (3)

1. Corporate Name
CAMPBELL & CAVANAUGH, INC.

Principal Place of Business	Mailing Address
11508 LAKEVIEW DRIVE CORAL SPRINGS FL 33071	11508 LAKEVIEW DRIVE CORAL SPRINGS FL 33071

Temp. address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1988
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business	2a. Mailing Address
21 312 Nottingham Rd.	26 312 Nottingham Rd.
State, Apt. #, etc. 22	State, Apt. #, etc. 27
City & State 23 Williamsburg, Va.	City & State 28 Williamsburg, Va.
Zip 24 23185 Country 25	Zip 29 23185 Country 30

4. FEI Number: 65-0049416 ☐ 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

9. Name and Address of Current Registered Agent

CAMPBELL, PAT
11508 LAKEVIEW DRIVE
CORAL SPRINGS FL 33071

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: (If changing Registered Agent, this must be signature of new agent) (New Registered Agent signature required when applicable) (DATE)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TYPE PD NAME CAMPBELL, JACK STREET ADDRESS 11508 LAKEVIEW DRIVE CITY-ST-ZIP CORAL SPRINGS FL 33071	11 TITLE ☐ Change ☐ Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
TYPE STD NAME CAMPBELL, PATRICIA STREET ADDRESS 11508 LAKEVIEW DRIVE CITY-ST-ZIP CORAL SPRINGS FL 33071	21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
TYPE NAME STREET ADDRESS CITY-ST-ZIP	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TYPE NAME STREET ADDRESS CITY-ST-ZIP	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TYPE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TYPE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 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 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: Patricia L Campbell 3-8-95 (804)220-2843
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR (Date) (Telephone Number)
Patricia L. Campbell

0113722 CP