FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M77565** **(3)**

1. Corporation Name

CAMPBELL & CAVANAUGH, INC.

Principal Place of Business	Mailing Address
312 NOTTINGHAM RD WILLIAMSBURG FL 23185 US	312 NOTTINGHAM RD WILLIAMSBURG VA 23185 US

3. Date Incorporated or Qualified: **04/22/1988**
3a. Date of Last Report: **03/14/1995**

2. Principal Place of Business
21 12500 N.W. 35th St.
22 Suite, Apt. #, etc.
23 City & State: Coral Springs, Fl
24 Zip: 33065
25 Country: Broward

2a. Mailing Address
26 1926 Bermuda Pt.Dr.
27 Suite, Apt. #, etc.
28 City & State: Haines City, Fl
29 Zip: 33844
30 Country: Polk

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: Patricia Campbell
82 Street Address (P.O. Box Number is Not Acceptable): 1926 Bermuda Pointe Dr.
83
84 City: Haines City **FL** 85 Zip Code: 33844

11. Pursuant to the provisions of Sections 607.0505 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 (Required) (Registered Agent Signature required when changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CAMPBELL, JACK 11508 LAKEVIEW DRIVE CORAL SPRINGS FL 33071	☐ DELETE	1-1 TITLE 1-2 NAME 1-3 STREET ADDRESS 1-4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD CAMPBELL, PATRICIA 11508 LAKEVIEW DRIVE CORAL SPRINGS FL 33071	☐ DELETE	2-1 TITLE 2-2 NAME 2-3 STREET ADDRESS 2-4 CITY-ST-ZIP	1926 Bermuda Pointe Dr. Haines City, Fl 33844	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3-1 TITLE 3-2 NAME 3-3 STREET ADDRESS 3-4 CITY-ST-ZIP	1926 Bermuda Pointe Dr. Haines City, Fl 33844	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4-1 TITLE 4-2 NAME 4-3 STREET ADDRESS 4-4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5-1 TITLE 5-2 NAME 5-3 STREET ADDRESS 5-4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6-1 TITLE 6-2 NAME 6-3 STREET ADDRESS 6-4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I (we) 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 2-17-96 (941)421-1093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #