	NOW: FILING F	EE AFTER N	MAY 1ST I	IS \$55	0.00		FI	LED	)	
			FLORIDA DEPA			Feb 2	5 19	998	8.(	)0an
ANNU	JAL REPORT			B. Mortha ary of State				ry o		
	<u>1998</u>	Swith .	· · · · · ·						•~	
DOCUN . Corporation		0000145	548 (1)							
CAMPB	ELL LAND COMPANY							<b></b>	<b>.</b>	) ( <b>8</b> () ( <b>81</b> )
		Mallan	Address							
rincipal Place of Business Mailing Address 521 W. FORT ISLAND TR. P.O. BOX 1377 STE. 8 CRYSTAL RIVER FL 34423 CRYSTAL RIVER FL 34429					DO NO	T WRITE II	N THIS SPAC	Æ		
						3. Date incorporated or Qu 12/21/1992	alified			
	ace of Business		ling Address			4. FEI Number				plied For
Sulte, Apt.	#, etc.	26	e, Apt. #, etc.			59-3155308 5. Certificate of Status Des	ired		B.75 A	t Applicable Idditional
City & State	9	27 City	& State		· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Fina			Fee Re	quired May Be
 Zip	Country	28 Zip		Cour	itry	Trust Fund Contribution 8, This corporation owes o			Added t	o Fees
<u></u>	25	29		30		Personal Property Tax d	ue June 3	i0. 🛛 Ye	s 🗌	No
BAT	9. Name and Address of ITLE, JOHN R	Current Registered	I Agent		81 Name	10. Name and Address of	New Reg	istered Ager	ιτ <u></u>	
521	WEST FORT ISLAND TRA	AIL		1	32 Street Add	Iress (P.O. Box Number is Not A	cceptable	3)		
STE CB)	E. <b>B</b> Y <b>stal River FL 34429</b>			- 1	83					
<b>V</b> 11										
				ļ	84 City			<b>CI</b> 85	i Zip (	Sode
1. Pursuant t	to the provisions of Sections 6	607.0502 and 607.15	508, Florida Statu			poration submits this statement	for the pu	FLI	· ·	
	to the provisions of Sections 6 egistered agent, or both, in th m familiar with, and accept th	607.0502 and 607.15 le State of Florida. Si le obligations of, Sec	508, Florida Štatu uch change was ction 607.0505, Fl			poration submits this statement tion's board of directors. I herel	for the pu by accept	FLI	· ·	
IGNATURE	Signature, typed or printed name of regis	stered agont and title if appli	icable. <b>(N</b> O	tes, the ab authorized orida Statu TE Registered	ove-named cor by the corpora ites.	irad when reinstating)		The appointn	nging its nent as	s registered registered
IGNATURE	Signature, typed or printed name of regis		icable. <b>(N</b> O	tes, the ab authorized lorida Statu	ove-named cor by the corpora ites. Agent signature requ			DATE	nging its nent as	s registered registered
IGNATURE . 2. TLE ME	Signature, typed or printed name of rege OFFICE PSTD CAMPBELL, A. LAURA	stered agont and litle if appli RS AND DIRECTOR	icable. (NO IS	tes, the ab authorized lorida Statu TE Registered 13, 1.1 TITL 1.2 NAF	Agent signature requ	irad when reinstating)		DATE	nging its nent as ECTOR	s registered registered S IN 12
IGNATURE 2. TLE AME TREET ADDRESS ITY-ST-ZIP	Signature, typed or printed name of regre OFFICE <b>PSTD</b>	stered agont and litle if appli RS AND DIRECTOR	icabile. (NO IS DELETE	tes, the ab authorized lorida Statu 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT	Agent signature requires.	irad when reinstating)		DATE	ECTOR Change	s registered registered S IN 12 Addition
IGNATURE 2. ILE IME IREET ADDRESS TY-ST-ZIP ILE	Signature, typed or printed name of rege OFFICE PSTD CAMPBELL, A. LAURA 1323 CHRISTMAS LANI	stered agont and litle if appli RS AND DIRECTOR	icable. (NO IS	tes, the ab authorized lorida Statu TE Registered 13. 1.1 TiTL 1.2 NAM 1.3 STR	Agent signature requires.	irad when reinstating)		DATE	nging its nent as ECTOR	s registered registered S IN 12
IGNATURE 2. TLE AME IREET ADDRESS TLE AME IREET ADDRESS	Signature, typed or printed name of rege OFFICE PSTD CAMPBELL, A. LAURA 1323 CHRISTMAS LANI	stered agont and litle if appli RS AND DIRECTOR	icabile. (NO IS DELETE	tes, the ab authorized jorida Statu TE: Registered 13, 1.1 TiTI 1.2 NAM 1.3 STR 1.4 CIT 2.1 TITI 2.2 NAM 2.3 STR	Agent signature requires.	irad when reinstating)		DATE	ECTOR Change	s registered registered S IN 12 Addition
IGNATURE TLE AME TREET ADDRESS TTLE AME TREET ADDRESS TT-ST-ZIP	Signature, typed or printed name of rege OFFICE PSTD CAMPBELL, A. LAURA 1323 CHRISTMAS LANI	stered agont and litle if appli RS AND DIRECTOR	icabile. (NO IS DELETE	tes, the ab authorized jorida Statu TE: Registered 13, 1.1 TiTI 1.2 NAM 1.3 STR 1.4 CIT 2.1 TITI 2.2 NAM 2.3 STR	Agent signature requires.	irad when reinstating)	O OFFICE	DATE	ECTOR Change	s registered registered S IN 12 Addition
IGNATURE 2. TLE AME IREET ADDRESS ITY-ST-ZIP TLE IREET ADDRESS ITY-ST-ZIP TLE AME ITE AME	Signature, typed or printed name of rege OFFICE PSTD CAMPBELL, A. LAURA 1323 CHRISTMAS LANI	stered agont and litle if appli RS AND DIRECTOR	icable (NO IS DELETE	tes, the ab authorized jorida Statu TE: Registered 13, 1.1 TiTl 1.2 NAH 1.3 STR 1.4 CIT 2.1 TiTl 2.2 NAH 2.3 STR 2.4 CIT 3.1 TiTl 3.2 NAH	Agent signeture requires.	irad when reinstating)	O OFFICE	DATE	ECTOR Change	s registered registered S IN 12 Addition
IGNATURE 2. TLE WAE IREET ADDRESS TY-ST-ZIP TLE WAE ITY-ST-ZIP TLE AME IREET ADDRESS	Signature, typed or printed name of rege OFFICE PSTD CAMPBELL, A. LAURA 1323 CHRISTMAS LANI	stered agont and litle if appli RS AND DIRECTOR	icable (NO IS DELETE	tes, the ab authorized jorida Statu 11 TiTl 1.2 NAM 1.3 STR 1.4 CIT 2.1 TiTl 2.2 NAM 2.3 STR 2.4 CIT 3.1 TiTl 3.2 NAM 3.3 STR	Agent signeture requires. Y-ST-ZIP EET ADORESS Y-ST-ZIP EET ADORESS EET ADORESS	irad when reinstating)	O OFFICE	DATE	ECTOR Change	s registered registered S IN 12 Addition
IGNATURE 2. TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME ITY-ST-ZIP TLE AME IREET ADDRESS IREET ADDRESS ITY-ST-ZIP	Signature, typed or printed name of rege OFFICE PSTD CAMPBELL, A. LAURA 1323 CHRISTMAS LANI	stered agont and litle if appli RS AND DIRECTOR	icable (NO IS DELETE	tes, the ab authorized jorida Statu 11 TITI 1.2 NAM 1.3 STR 1.4 CIT 2.1 TITI 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITI 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITI	Agent signeture requires. Y-ST-ZIP EE EET ADORESS Y-ST-ZIP EE EET ADORESS Y-ST-ZIP E	irad when reinstating)	O OFFICE	DATE	ECTOR Change	s registered registered S IN 12 Addition
IGNATURE 2. TLE WME REET ADDRESS TY-ST-ZIP TLE WME REET ADDRESS TY-ST-ZIP TLE WME REET ADDRESS TY-ST-ZIP TLE WME	Signature, typed or printed name of rege OFFICE PSTD CAMPBELL, A. LAURA 1323 CHRISTMAS LANI	stered agont and litle if appli RS AND DIRECTOR	ICathle (NO IS DELETE DELETE DELETE	tes, the ab authorized jorida Statu 11 TiTl 1.2 NAM 1.3 STR 1.4 CtT 2.1 TiTl 2.2 NAM 2.3 STR 2.4 CtT 3.1 TiTl 3.2 NAM 3.3 STR 3.4 CtT 4.1 TiTl 4.2 NA	Agent signeture requires. Agent signeture re	irad when reinstating)	O OFFICE	DATE	ECTOR Change	s registered registered S IN 12 Addition
IGNATURE 2. TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE IREET ADDRESS	Signature, typed or printed name of rege OFFICE PSTD CAMPBELL, A. LAURA 1323 CHRISTMAS LANI	stered agont and litle if appli RS AND DIRECTOR	ICathle (NO IS DELETE DELETE DELETE DELETE	tes, the ab authorized lorida Statu IE Registered 13. 1.1 TITI 1.2 NAM 1.3 STR 1.4 CIT 2.1 TITI 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITI 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITI 4.2 NA 4.3 STR	Agent signeture requires. Y-ST-ZIP EE EET ADORESS Y-ST-ZIP EE EET ADORESS Y-ST-ZIP E	irad when reinstating)	O OFFICE	DATE	ECTOR Change Change	s registered registered S IN 12 Addition
IGNATURE 2. TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME	Signature, typed or printed name of rege OFFICE PSTD CAMPBELL, A. LAURA 1323 CHRISTMAS LANI	stered agont and litle if appli RS AND DIRECTOR	ICathle (NO IS DELETE DELETE DELETE	tes, the ab authorized lorida Statu IE Registered 13. 1.1 TITI 1.2 NAM 1.3 STR 1.4 CIT 2.1 TITI 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITI 4.2 NA 3.3 STR 3.4 CIT 4.1 TITI 4.2 NA 4.3 STR 4.4 CIT 5.1 TITI	Agent signeture requires. Agent signeture re	irad when reinstating)	O OFFICE	DATE	ECTOR Change	s registered registered S IN 12 Addition
IGNATURE IGNATURE 1LE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME	Signature, typed or printed name of rege OFFICE PSTD CAMPBELL, A. LAURA 1323 CHRISTMAS LANI	stered agont and litle if appli RS AND DIRECTOR	ICathle (NO IS DELETE DELETE DELETE DELETE	tes, the ab authorized lorida Statu 11 TII 1.2 NAM 1.3 STR 1.4 CIT 2.1 TII 2.2 NAM 2.3 STR 2.4 CIT 3.1 TII 3.2 NAM 3.3 STR 3.4. CIT 4.1 TIII 4.2 NA 4.3 STR 4.4 CIT 5.1 TIII 5.2 NAM	Agent signeture requires. Agent signeture re	irad when reinstating)	O OFFICE	DATE	ECTOR Change Change	s registered registered S IN 12 Addition
SIGNATURE 2. ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE ITL	Signature, typed or printed name of rege OFFICE PSTD CAMPBELL, A. LAURA 1323 CHRISTMAS LANI	stered agont and litle if appli RS AND DIRECTOR	ICADHO. (NO IS DELETE DELETE DELETE DELETE DELETE DELETE	tes, the ab authorized jorida Statu 11.1 Till 1.2 NAM 1.3 STR 1.4 CIT 2.1 TITI 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITI 3.2 NAM 3.3 STR 4.4 CIT 5.1 TITI 5.2 NAM 5.3 STR 5.4 CIT	Agent signature requires.  Agent signature requi	irad when reinstating)	O OFFICE		ECTOR Change Change	s registered registered S IN 12 Addition
IGNATURE 2. TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE IREET ADDRESS ITY-ST-ZIP TLE IREET ADDRESS ITY-ST-ZIP TLE IREET ADDRESS ITY-ST-ZIP TLE IREET ADDRESS ITY-ST-ZIP TLE	Signature, typed or printed name of rege OFFICE PSTD CAMPBELL, A. LAURA 1323 CHRISTMAS LANI	stered agont and litle if appli RS AND DIRECTOR	ICathle (NO IS DELETE DELETE DELETE DELETE	tes, the ab authorized jorida Statu 11.1 TiTl 1.2 NAM 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STR	Agent signature requires.  Agent signature requi	irad when reinstating)	O OFFICE		ECTOR Change Change Change Change	s registered registered S IN 12 Addition Addition
IGNATURE 2. TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP	Signature, typed or printed name of rege OFFICE PSTD CAMPBELL, A. LAURA 1323 CHRISTMAS LANI	stered agont and litle if appli RS AND DIRECTOR	ICADHO. (NO IS DELETE DELETE DELETE DELETE DELETE DELETE	tes, the ab authorized jorida Statu 11 THI 1.2 NAM 1.3 STR 1.4 CH 2.1 THI 2.2 NAM 2.3 STR 2.4 CH 3.1 THI 3.2 NAM 3.3 STR 3.4. CH 4.1 THI 4.2 NA 4.3 STR 4.4 CH 5.1 THI 5.1 THI 5.2 NAM 5.3 STR 6.1 THI 6.1 THI 6.3 STR	Agent signature requires.  Agent signature requi	irad when reinstating)	O OFFICE		ECTOR Change Change Change Change	s registered registered S IN 12 Addition Addition

•

Concernance and the second

C. S. Varen

î

-

3. a