

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

FILED

Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000001177 (3)

1. Corporation Name
CAMPBELL & COMPANY, INC.



Principal Place of Business

Mailing Address

~~877 EXECUTIVE CTR. DR. W.~~
~~STE 108~~
~~ST PETERSBURG FL 33702~~
US

~~877 EXECUTIVE CTR. DR. W.~~
~~STE 108~~
~~ST PETERSBURG FL 33702-2470~~
US

2. Principal Place of Business

2a. Mailing Address

21 One Urban Centre
Suite, Apt. #, etc.
22 4830 W. Kennedy, #560
City & State
23 Tampa FL
Zip
24 33609

26 One Urban Centre
Suite, Apt. #, etc.
27 4830 W. Kennedy, #560
City & State
28 Tampa FL
Zip
29 33609
Country
30 Hillsborough

3. Date Incorporated or Qualified
01/07/1993

3a. Date of Last Report
04/29/1996

4. FEI Number
59-3157132

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

10. Name and Address of New Registered Agent

CAMPBELL, MELITA
~~877 EXECUTIVE CENTER DR W.~~
~~STE 108~~
ST PETERSBURG FL 33702

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 One Urban Centre
84 4830 W Kennedy, #560
City
Tampa FL 85 Zip Code
33609

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 Melita Campbell Melita Campbell 1/14/97
Signature of officer 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	D	<input checked="" type="checkbox"/> DELETE
NAME	CAMPBELL, MELITA	
STREET ADDRESS	877 EXECUTIVE CENTER DR W #108	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Melita Campbell
1.3 STREET ADDRESS	One Urban Centre, 4830 W. Kennedy #560
1.4 CITY - ST - ZIP	Tampa FL 33609
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: Melita Campbell Melita Campbell 1/14/97 813-286-3862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)