SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Oct 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P93000085370 (3)

1. Corporation Name
JAMES C. CAMPBELL, P.A.

Principal Place of Business
184 EGLIN PARKWAY, NE
STE 2
FT. WALTON BEACH FL 32548
US

Mailing Address
184 EGLIN PARKWAY NE
STE 2
FT. WALTON BEACH FL 32548
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21| #4 11th Avenue
Suite, Apt. #, etc.
22| Suite 2
City & State
23| Shalimar Florida
Zip | Country
24| 32579 | 25|

2a. Mailing Address
26| < Same
Suite, Apt. #, etc.
27|
City & State
28| Florida
Zip | Country
29| | 30|

3. Date Incorporated or Qualified
12/08/1993

4. FEI Number
59-3228878
[ ] 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 owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [x] No

9. Name and Address of Current Registered Agent
CAMPBELL, JAMES C
909 MAR WALT DRIVE
SUITE 1024
FT. WALTON BEACH FL 32547

10. Name and Address of New Registered Agent
81| Name James C. Campbell
82| Street Address (P.O. Box Number is Not Acceptable) #4 11th Avenue
83| Suite 2
84| City Shalimar, FL
85| Zip Code 32579

11. Pursuant to the provisions of sections 607.0502 or 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 ______ (Signature of Registered Agent) ______ DATE

12. OFFICERS AND DIRECTORS		
TITLE	P	[ ] Delete
NAME	CAMPBELL, JAMES C.	
STREET ADDRESS	184 EGLIN PARKWAY, NE STE 2	
CITY-ST-ZIP	FT. WALTON BCH. FL	
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		[ ] Change [ ] Addition
12 NAME	James C. Campbell	
13 STREET ADDRESS	#4 11th Avenue Suite 2	
14 CITY-ST-ZIP	Shalimar, Florida 32579	
21 TITLE		[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (5/98)

14. I 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 report or supplemental 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 [signature] 9/?/98 (850)651-9313