

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

FILED  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90166 047 \*\*\*150.00

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

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 ☐ No

2. Principal Place of Business

21 #4 11th Avenue  
Suite, Apt. #, etc.

22 #2

City & State

23 Shalimar, Florida

Zip Country

24 32579 25 Okaloosa

2a. Mailing Address

26 #4 11th Avenue  
Suite, Apt. #, etc.

27 #2

City & State

28 Shalimar, Florida

Zip Country

29 32579 30 Okaloosa

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, Suite 2

83

84 City

Shalimar

FL

85 Zip Code

32579

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

1.1 TITLE P ☐ Change ☐ Addition  
1.2 NAME James C. Campbell  
1.3 STREET ADDRESS #4 11th Avenue, Ste. 2  
1.4 CITY-ST-ZIP Shalimar, Florida 32579

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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:

SIGNATURE REQUIRED

Date

Deputy Phone #

0510345

CR2E034 (10/97)