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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000075532

1. Corporation Name
CAMPBELL BUSSES, INC.

Principal Place of Business

8925 DEVONSHIRE BLVD
JACKSONVILLE FL 32209

Mailing Address

8925 DEVONSHIRE BLVD
JACKSONVILLE FL 32209

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

CAMPBELL, RHONNIE
8925 DEVONSHIRE BLVD
JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent

81 Name BERTHA LEE HOWZE
82 Street Address (P.O. Box Number is Not Acceptable) P.O. BOX 9478 (2151 LANE AVE S #309)
83 JAX, FL 32210
84 City JACKSONVILLE FL 85 Zip Code 32208

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: Bertha Lee Howze

(NOTE: Registered Agent signature required when reinstating)

8/23/99

12. OFFICERS AND DIRECTORS

TITLE P
NAME CAMPBELL, EUGENE
STREET ADDRESS 8925 DEVONSHIRE BLVD
CITY-ST-ZIP JACKSONVILLE FL
☐ DELETE

TITLE ST
NAME CAMPBELL, RHONNIE
STREET ADDRESS 8925 DEVONSHIRE BLVD
CITY-ST-ZIP JACKSONVILLE FL
☒ DELETE

TITLE VICE PRESIDENT
NAME MARK CAMPBELL
STREET ADDRESS 8925 DEVONSHIRE BLVD
CITY-ST-ZIP JACKSONVILLE FL 32208
☐ DELETE

TITLE SECOND VICE PRESIDENT
NAME MARVIN JACKSON
STREET ADDRESS 8925 DEVONSHIRE BLVD
CITY-ST-ZIP JACKSONVILLE, FLORIDA 32208
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

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

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

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

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

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

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, with all other like empowered.

SIGNATURE: Eugene Campbell

10/24/99

904 781-7754
904 355-1234

CR2E034 (11/98)