

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000093631 (6)

1. Corporation Name

CHRIS CAMPBELL REALTY, INC.



Principal Place of Business

Mailing Address

1906 1/2 KINGS RD
JACKSONVILLE FL 32209

1906 1/2 KINGS RD
JACKSONVILLE FL 32209

2. Principal Place of Business

2a. Mailing Address

21 1906 1/2 Kings Rd.

26 1906 1/2 Kings Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

28 City & State

JACKSONVILLE, FL.

JACKSONVILLE, FL.

24 Zip

25 Country

29 Zip

30 Country

32209

U.S.

32209

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMPBELL, CHRISTINA L
1906 1/2 KINGS RD
JACKSONVILLE FL 32209

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, if applicable,

(NOTE: Registered Agent signature required when first filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME CAMPBELL, CHRISTINA L
STREET ADDRESS 1906 1/2 KINGS RD
CITY - ST - ZIP JACKSONVILLE FL 32209

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61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Christina L. Campbell
CHRISTINA L. CAMPBELL

Aug. 9, 1996 904-358-8241
Date Filed

CR2E034 (3/96)