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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000042684**1. Corporation Name

CAMPAIGN INTELLIGENCE, INC.

| Principal Place of Business                 | Mailing Address  |
|---|--|
| 4884 SHELBOURNE DR.<br>TALLAHASSEE FL 32308 | 3491-11 THOMASVILLE RD.<br>SUITE 217<br>TALLAHASSEE EL 32308 |

## FILED Apr 30, 1999 8:00 am Secretary of State

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| Principal Place                             | e of Business  | Mailing Address  |                           |               |                 | I (30)(49) (10 )0)(4 E)(1) E3(4) 03(1) 01     | tin aans alasa m         | )18 B 181   | After debt talle |
|---|--|--|---------------------------|---------------|-----------------|---|--------------------------|-------------|------------------|
| 4884 SHELBOURNE DR.<br>TALLAHASSEE FL 32308 |  | 3491-11 THOMASVILLE RD   |                           |               |                 |   |                          |             |                  |
|   |  | SUITE 217<br>TALLAHASSEE FL 32308                                | ••••                      |               |                 | DO NOT WRITE IN THIS SPACE                    |                          |             |                  |
|   |  |  |                           |               |                 | 3. Date incorporated or Qualifed 05/20/1996   |                          |             | _                |
| 2 Principal P                               | lace of Business   | 2a. Mailing Address  |                           |               | <del>-</del>    | 4. FEI Number                                 |                          | Apr         | olied For        |
| 21  | acco of Edomoso  | 26   |                           |               |                 | 59-3379062                                    |                          |             | Applicable       |
| Suite, Apt.                                 | #. etc.  | Suite, Apt. #, etc.  |                           |               |                 | _   | , \$8                    | .75 A       | dditional        |
| 22  | .,   | 27   |                           |               |                 | 5. Certifcate of Status Desired               | ا ا                      | Fee Red     | quired -         |
| City & State                                | 8  | City & State   |                           |               |                 | 6. Election Campaign Financing                | -<br>1 \$                | 5.00        | May Be           |
| 23  |  | 28   |                           |               |                 | Trust Fund Contribution                       |                          | Added to    | Fees             |
| Zip   | Country  | Zip  | Cou                       | ntry          | -               | 8. This corporation owes the current          |                          | .e          |                  |
| 24  |  | 29[  | 30                        | 30            |                 | Personal Property Tax.                        | Υ                        |             | <b>PN</b> o      |
|   | 9. Name and Address of Curren  | t Registered Agent   |                           | 81            | Nama            | 10. Name and Address of New Regi              | istered Agen             |             |                  |
| KDAI  | NZ KENNETH D   |  |                           | •             | Name            |   |                          |             |                  |
| Kranz, Kenneth D<br>4884 Shelbourne dr.     |  |  |                           | 82            | Street Ad       | dress (P.O. Box Number is Not Acceptable)     |                          |             |                  |
| TALLAHASSEE FL 32308                        |  |  | 83                        |               |                 |   |                          |             |                  |
| .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,     |  |  |                           |               | _               |   |                          |             |                  |
|   |  |  |                           | 84            | City            |   | FL 85                    | Zip C       | ode              |
| 11. Pursuant                                | to the provisions of Sections 607.050  | 2 and 607.1508, Florida Statu                                    | tes, the al               | ove           | named co        | rporation submits this statement for the pur  | pose of chang            | jing its r  | registered       |
| office or re<br>agent. La                   | egistered agent, or both, in the State<br>m familiar with, and accept the obliga   | of Florida. Such change was a<br>tions of, Section 607.0505, Flo | iuthorized<br>orida Statu | by t<br>ites. | he corpora      | tion's board of directors. I hereby accept th | e appointmer             | t as reg    | jistered         |
| SIGNATURE                                   | ,  | ,  |                           |               |                 |   |                          |             | \                |
| SIGNATURE                                   | Signature, typed or printed name of registered ager  | <u> </u>   |                           | Agent         | signature requi |   | DATE                     |             |                  |
| 12.   |  | D DIRECTORS  | 13.                       |               | <del></del>     | ADDITIONS/CHANGES TO OFFIC                    |                          | RECTO!      | Addition         |
| TITLE                                       | PENNINGTON BOOKS A   | ☐ DELÉTE   | 1.† TIT                   |               |                 |   |                          | mange       |                  |
| NAME  | PENNINGTON, ROGER A.   |  | 1.2 NA                    |               |                 |   |                          |             | İ                |
| STREET ADDRESS                              | 7068 ATASCADERO LANE   |  |                           |               | ADDRESS         |   |                          |             |                  |
| CITY-ST-ZIP                                 | TALLAHASSEE FL   | DELETE   | 1.4 CIT                   |               | -ZIP            |   |                          | Change      | Addition         |
| TITLE                                       | ST CANCEL D  | ☐ DETE 16  | 2.1 177                   |               |                 |   | , U                      | nango       |                  |
| NAME  | KRANZ, KENNETH D.  |  | 2.2 NA                    | _             |                 |   |                          |             | 1                |
| STREET ADDRESS                              | 4884 SHELBOURNE DR.  |  | 1                         |               | ADORESS )       | ~   |                          |             |                  |
| CITY-ST-ZIP                                 | TALLAHASSEE FL ~   | ☐ DELETE   | 2.4 CI<br>3.1 TIT         |               | -ZP ~           |   |                          | hange       | Addition         |
| TITLE                                       |  | G SECEN  | 3.2 NA                    |               |                 |   | _                        | •           | _                |
| NAME  |  |  |                           |               | ADDRESS         |   |                          |             | \                |
| STREET ADDRESS                              |  |  | 3.4. CI                   |               |                 |   |                          |             | ]                |
| CITY-ST-ZIP<br>TITLE                        | * * * * * * * * * * * * * * * * * * *  | ☐ DELETE   | 3.4. UI<br>4.1 ΤΠ         |               |                 | ·   |                          | Change      | Addition         |
| NAME  | Late At The St.  |  | 4, 2 N                    |               |                 | •   | _                        | -           |                  |
| STREET ADDRESS                              | i gazi i Marana terbahian di sebesah di sebe |  | 4                         |               | ADDRESS         |   |                          |             |                  |
| }   |  |  | 4.4 CI                    |               | 1               |   |                          |             |                  |
| CITY-ST-ZIP<br>TITLE                        |  | ☐ DELETE   | 5.1 TIT                   |               |                 |   |                          | Change      | ☐ Addition       |
| NAME  |  | <u> </u>   | 5.2 NA                    |               | }               |   |                          | -           |                  |
| STREET ADDRESS                              | •  |  | 5.3 ST                    | REET          | ADDRESS         |   |                          |             |                  |
|   |  |  | 5.4 CI                    | Y-ST-         | -ZiP            |   |                          |             |                  |
| CITY-ST-ZIP<br>TITLE                        |  | ☐ DELETE   | 6.1 TI                    |               | -+              |   |                          | Change      | Addition         |
| NAME  |  |  | 6.2 NA                    | ME            |                 |   |                          |             |                  |
| STREET ADDRESS                              |  |  | 6.3 ST                    | REET          | ADDRESS         |   |                          |             | 1                |
| CITY-ST-ZIP                                 |  |  | 6.4 CF                    | TY-ST         | -ZIP            |   |                          |             |                  |
| VII 1-01-41F                                | <u> </u>   |  |                           | :             |                 | Continue (40 07/2)(i) Florido Statutas I fue  | Ala a a a a a a fi . Ala | an Ale a Te | -f-rmotion       |

I hereby certify that the information supplied with this filing does not quelify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report as supplemental annual report as fue 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: