05-10-1999 90034 037 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000027721**1. Corporation Name

CAMPAGNA APPRAISALS, INC.

Principal Place of Business Mailing Address							<b>                                   </b>	8811 88111 88111 <b>88</b> 111 88		1001 }101 1791
11007 56TH ST	REET	P.O. BOX 290522								
SUITE K TEMPLE TERRACE FL 33			TERRACE FL 33687	<i>!</i>			DO NOT WRITE IN THIS SPACE			
TEMPLE TERRACE FL 33617 US US					3. Date incorporated of			Qualifed		
00						ļ	03/24/1997			l
2. Principal P	face of Business	2a. Maili	ng Address				4. FEI Number		Apr	olied For
21		26					59-3440721		Not	Applicable
Suite, Apt.	#, etc.	Suite	e, Apt. #, etc.				5. Certificate of Status	Desired	\$8.75 A	
22		27					5. Certificate of oldies		Fee Red	quired
City & Stat	е	City	& State				<ol><li>Election Campaign I</li></ol>	- 11	\$5.00	,
23		28					Trust Fund Contribu	tion	Added to	Fees
Zip	Country	Zip	۲-	Country	′		8. This corporation owe	-	Intangible    Yes	Z No
24	25	29	3	0			Personal Property T 10. Name and Address			CINO
	9. Name and Address of Currer	nt Kegistereu	Agent	81	Name	_	OA ( A P B	Λ	.u rigo	
CAM	IPAGNA, ROBERT PAUL					CAM	1/AGNA COBCIN	PAUL		-
8625 CATTAIL DRIVE				82	Street	Addres	ś (P.O. Box Number is N	ot Acceptable)		
TEMPLE TERRACE FL 33637			83			<u> </u>	MODI INSUR TIVE	·. ·		
,										
				84	City 7	EMPL	1 TROME	F	85 Zip.C	ode 017
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the					0.00000	cordor	ation cubmits this statem	ant for the nurnose	of changing its	registered
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations are continuous control of the college co	of Florida. Su	ch change was aut	horized by	the corpo	oration'	s board of directors. I he	reby accept the ap	pointment as reg	istered
agent. I a	m familiar with, and accept the obliga	ations of Secu	1 13 16	,	n /	1		el.lu		
SIGNATURE	Signature, typed of printed name of registered age	ent and title if applica	able. (NOTE: R	tegistered Age	nt signature i	required w	hen reinstating)	7/1/97 DATE		
12.	- Laurence	ND DIRECTOR		13.			ADDITIONS/CHANG	ES TO OFFICERS		
TITLE	D		☐ DELETE	1.1 TITLE		<b>D</b>		- Days	Change	☐ Addition
NAME	CAMPAGNA, ROBERT PAUL			1.2 NAME		CA	wbyeng borg	4 PAUL		
STREET ADDRESS	8625 CATTAIL DRIVE			1.3 STREE	TADDRESS	1213	3 FOLIST PAR	K AUC	-	
CITY-ST-ZIP	TEMPLE TERRACE FL 33637			1.4 CITY- S	T-ZIP	TE	Mpn6N4, Rober 3 Folist Par Mple Terrace	E, HL 536	1/	
TITLE			□ DELETE	2.1 TITLE			•		Change	Addition
NAME				2.2 NAME						
STREET ADDRESS				2.3 STREE	TADDRESS	:[				
CITY-ST-ZIP				2.4 CITY-	ST-ZIP	ļ				pang 4 1 250
TITLE			☐ DELETE	3 1 TITLE					Change	Addition
NAME				3.2 NAME						
STREET ADDRESS				3 3 STREE	TADDRESS	;				
CITY-ST-ZIP				3.4. CITY-	ST-ZIP	ļ .			[7] Changa	Addition
TITLE			☐ DELETE	4.1 TITLE					Change	Addition
NAME				4. 2 NAME						
STREET ADDRESS					TADDRESS	•				
CITY-ST-ZIP			C oci ett	4.4 CITY-S	T-ZIP	-	<del> </del>		Change	Addition
TITLE	٠,٠		☐ DELETE	5.1 TITLE		1			change	
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREE	T ADDRESS	<u>`</u>				
CITY-ST-ZIP		<del></del>	☐ DELETE	6.1 TITLE		+			Change	Addition
TITLE	1					1				
11414F				6.2 NAME						
NAME STREET ADDRESS				6.2 NAME 6.3 STREE	T ADDRESS					

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 of the occiver 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

B13 980 1680