

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

FILED
May 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000054407 (6)**

1. Corporation Name

COMPUACT ENTERPRISES, INC.

Principal Place of Business

**2057 EVANS ROAD
POLK CITY FL 33686**

Mailing Address

**2057 EVANS ROAD
POLK CITY FL 33686**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1997

4. FEI Number

59-3465297

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 1045 BREEZEWAY DRV.

Suite, Apt. #, etc.

22

City & State

23 LAKELAND

Zip

24 33809

Country

25 FL

2a. Mailing Address

26 1045 BREEZEWAY DRV.

Suite, Apt. #, etc.

27

City & State

28 LAKELAND

Zip

29 33809

Country

30 FL

9. Name and Address of Current Registered Agent

**FLORIDA INCORPORATORS, INC.
1221 BRICKELL AVENUE
SUITE 900
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

C J CAMPBELL

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

1045 BREEZEWAY DRV.

83

84 City

LAKELAND

FL

85 Zip Code

33809

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 filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CAMPBELL, C.J.	
STREET ADDRESS	2057 EVANS ROAD 1045 Breezeway Drv	
CITY-ST-ZIP	POLK CITY FL 33686 LAKELAND 33809 FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CAMPBELL, J.P.	
STREET ADDRESS	2057 EVANS ROAD	
CITY-ST-ZIP	POLK CITY FL 33686	

This is the same person as Campbell C.J.

TITLE	D	<input type="checkbox"/> DELETE
NAME	KORSTEN, C.D.	
STREET ADDRESS	MARINE DRIVE ST. MICHAELS ON THE SEA	
CITY-ST-ZIP	SOUTH AFRICA 4270	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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]

CR2E034 (10/97)