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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000060158 (7)

CAMPBELL SUPPORT SERVICES, INC.

Principal Place of Business Mailing Address 3317 RIVER ESTATES DRIVE 3317 RIVER ESTATES DRIVE WIMAUMA FL 33598 WIMAUMA FL 33598 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/09/1997 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-3484162 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution Žίρ Country Žip Country 8. This corporation owes or has paid the current year Intaggible Yes 30 Personal Property Tax due June 30. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent CAMPBELL, MICHELE E В1 Name 3317 RIVER ESTATES DRIVE Street Address (P.O. Box Number is Not Acceptable) WIMAUMA FL 33598 R3 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 density with, and accept the philipatrins of, Section 607.0505, Florida Statutes. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1/2 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE JOSEPH ALAN CAMPBELL TITLE CAMPBELL, MICHELE E 3317 RIVER ESTATES DENE 1.2 NAME NAME 3317 RIVER ESTATES DRIVE 1.3 STREET ADDRESS STREET ADDRESS Wimauma, FL 33598 WIMAUMA FL 33598 CITY-ST-ZIP 1.4 CiTY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAM6 STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. C(TY - ST - Z(P DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP \_\_ Addition DELETE Change 51 TITLE TITLE 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Change Addition 61 TITLE TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS

64 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.

olnaka

**FILED** 

May 06 1998 8:00am

Secretary of State