

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90105 049 ***150.00

DOCUMENT # P97000099287

1. Corporation Name

CAMPBELL MORTGAGE & INVESTMENT GROUP, INC.



Principal Place of Business

105 W. PLANT ST., STE. 7
WINTER GARDEN FL 34787

Mailing Address

105 W. PLANT ST., STE. 7
WINTER GARDEN FL 34787

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/19/1997

4. FEI Number

59-5479083

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☒ No

2. Principal Place of Business

21 115 West Plant Street

2a. Mailing Address

26 SMC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Winter Garden FL

City & State

28

Zip

24 34787

Country

25 Canada

Zip

29

Country

30

9. Name and Address of Current Registered Agent

CAMPBELL, JASON T
105 W. PLANT ST., STE. 7
WINTER GARDEN FL 34787

10. Name and Address of New Registered Agent

81 Name

JASON T. Campbell

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

115 W. Plant Street

83

84 City

Winter Garden

FL

85 Zip Code

34787

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

Jason T. Campbell, President

(NOTE: Registered Agent signature required when reinstating)

5-1-99

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

0

CAMPBELL, JASON T

2377 COOPERHILL LOOP

OCOE FL 34761

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99

Date

407-877-7746

Daytime Phone #

PR2E034 (11/98)