09081999-90010-006-$550.00-$550.00 1999.

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 SEP 27 PM 12:56

DOCUMENT # **P98000090748**
Corporation Name
FLORIDA CAMPAIGN STRATEGIES, INCORPORATED

Principal Place of Business
17 E. SPRUCE DR.
NNELLON FL 34434

Mailing Address
4517 E. SPRUCE DR.
DUNNELLON FL 34434

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/26/1998

Principal Place of Business: 4517 E SPRUCE DR.
Suite, Apt. #, etc.:
City & State: DUNNELLON, FL.
Zip: 34434 Country: CITRUS

2a. Mailing Address (26): SAME
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: 593-53-9077 — 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 the current year Intangible Personal Property: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
PETERSON, FRANK H
4517 E. SPRUCE DR.
DUNNELLON FL 34434

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS

☐ DELETE
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P

☐ DELETE
DDRESS
P

☐ DELETE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: DIR.
1.2 NAME: FRANK H. PATERSON
1.3 STREET ADDRESS: 4517 E. SPRUCE DR.
1.4 CITY-ST-ZIP: DUNNELLON, FL 34434
☐ Change ☐ Addition

2.1 TITLE: DIR.
2.2 NAME: JAMES MCINTOSH
2.3 STREET ADDRESS: 2705 W. LIVEOAK ST.
2.4 CITY-ST-ZIP: LECANTO, FL. 34461
☐ Change ☐ Addition

3.1 TITLE: DIR.
3.2 NAME: KENNETH CHADWICK
3.3 STREET ADDRESS: 505 HUNTING LODGE DR.
3.4 CITY-ST-ZIP: INVERNESS, FL. 34450
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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: (FRANK H. PATERSON) 9/6/99 352-221-0152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/99)