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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V03323

(5)

CAMPBELL FAMILY ENTERPRISES, INC.

May 06 1998 8:00am Secretary of State

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FILED

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Principal Place of Business Mailing Address								# 1	**** ***********		
405 8 WILLOW TAMPA FL 33 US			405 S WILLOW AVE Tampa FL 33806 US					DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualified			
2. Principal P	lace of Business	1 6- 1	lailing Address					12/26/1991			
2, Firicipal F	lace of Business	26. N	alling Address					4, FEI Number	-	Applied For Not Applicable	
Suite, Apt.	#, etc.		uite, Apt. #, etc.					59-3103096		Additional	
22		27					i	5. Certificate of Status Desired Fee Required			
City & State	0		City & State					6. Election Campaign Financing	\$5.0	0 May Be	
23		28		••• ••• • • • • • • • • • • • • • • •	·			Trust Fund Contribution	Adde	d to Fees	
Zip	Country	}	Zip Country			1		8. This corporation owes or has paid the current year Intangible			
24	25 29 3 g, Name and Address of Current Registered Agent			30	<u>ol, </u>			Personal Property Tax due June 30 Yes No 10. Name and Address of New Registered Agent			
-		Dilant Hagiere	en viteriit		B1	Nam		10. Name and Address of New Degistere	u Agent		
CAMPBELL, BRUCE S. 405 S. WILLOW AVENUE					<u> </u>						
1	MPA FL 33606				82	Stree	et Addres	ss (P.O. Box Number is Not Acceptable)			
177	MLV LF 22000				83						
					104	Cit.			ac 7:	- Oada	
					84	City		F	L 85 Zip	o Code	
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was author agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida. 						v the c	ed corpo orporatio	ration submits this statement for the purpose in's board of directors. I hereby accept the a	of changing opointment a	its registered is registered	
SIGNATURE											
	Signature, typud or printed name of register					ani signal	ture required	d when reinstating) DATE			
12.	D	S AND DIRECT	DELETE	13	TITLE			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO		
NAME	CAMPBELL, BRUCE S.		- Deteri		NAME		[C Cutarigo		
STREET ADDRESS	405 S. WILLOW AVE.					ADDRES	.				
CITY-ST-ZIP	TAMPA FL				CITY-S		" [
TILE	1144117774		DELETE		TITLE	21 21	_		Change	Addition	
NAME				2.2	NAME						
STREET ADDRESS				2.3	STREET	ADDRES	s	,			
CITY-ST-ZIP				2. 4	CITY-	ST-ZIP					
TITLE			☐ DELETE		TITLE				Change	Addition	
NAME					NAME						
STREET ADDRESS						ADDRES	s				
CITY-ST-ZIP TITLE		 	DELETE		CITY-S	ST-ZIP	+		Change	Addition	
NAME			m bereig		IIILE 2 NAME				L Change	- ADDITION	
STREET ADDRESS						ADDRES	.				
CITY-ST-ZIP					CITY-S		~				
TITLE			DELETE		TITLE	r1-4/F	+		Change	Addition	
NAME					NAME					 ·· •	
STREET ADDRESS						ADDRES	s				
CITY - ST - ZIP					CITY-S						
TITLE			☐ DELETE		TITLE				Change	Addition	
NAME				6.2	NAME						
STREET ADDRESS				6.3	STREET	ADORES	s				

Thereby 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 truetee 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 attriction of the receiver of the corporation of the receiver of the receiver of the receiver of the corporation of the receiver of the corporation of the receiver of the recei