

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000062402

**Entity Name:** CAMPBELL'S DIVERSIFIED SERVICES, INC.

**Current Principal Place of Business:**

9720 BELVEDERE DRIVE  
SEFFNER, FL 33584

**Current Mailing Address:**

9720 BELVEDERE DRIVE  
SEFFNER, FL 33584 US

**FEI Number:** 59-3590790

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CAMPBELL, DORIS W  
9720 BELVEDERE DRIVE  
SEFFNER, FL 33584 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P/D  
Name CAMPBELL, DORIS W  
Address 9720 BELVEDERE DRIVE  
City-State-Zip: SEFFNER FL 33584

Title VP/D  
Name CAMPBELL, SHERI D  
Address 513 HANOVER DRIVE  
City-State-Zip: VILLA RICA GA 30180

Title S/D  
Name CAMPBELL, DORIS W  
Address 9720 BELVEDERE DRIVE  
City-State-Zip: SEFFNER FL 33584

Title MEMB  
Name CAMPBELL, LISA D  
Address PO BOX 4925  
City-State-Zip: TAMPA FL 33677

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DORIS W CAMPBELL

**OFFICER/DIRECTOR**

**04/15/2017**

Electronic Signature of Signing Officer/Director Detail

Date