

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H04913 (0)**

1. Corporation Name
CAMPBELL TRUCKING, INC.



Principal Place of Business: **900 CAMPBELL ROAD CENTURY FL 32535**
Mailing Address: **900 CAMPBELL ROAD CENTURY FL 32535**

3. Date Incorporated or Qualified 05/23/1984	3a. Date of Last Report 03/29/1995
4. FEI Number 59-2410851	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FLEMING, FLETCHER 226 S. PALAFOX STREET 7TH FLOOR PENSACOLA FL 32501		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DPO	12 NAME	
STREET ADDRESS	CAMPBELL, JAMES E.	13 STREET ADDRESS	
CITY-ST-ZIP	720 CAMPBELL ROAD	14 CITY-ST-ZIP	
	CENTURY FL	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	22 NAME	
NAME		23 STREET ADDRESS	
STREET ADDRESS		24 CITY-ST-ZIP	
CITY-ST-ZIP		3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	32 NAME	
NAME		33 STREET ADDRESS	
STREET ADDRESS		34 CITY-ST-ZIP	
CITY-ST-ZIP		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	42 NAME	
NAME		43 STREET ADDRESS	
STREET ADDRESS		44 CITY-ST-ZIP	
CITY-ST-ZIP		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	52 NAME	
NAME		53 STREET ADDRESS	
STREET ADDRESS		54 CITY-ST-ZIP	
CITY-ST-ZIP		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	62 NAME	
NAME		63 STREET ADDRESS	
STREET ADDRESS		64 CITY-ST-ZIP	
CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *James E. Campbell* **James E. Campbell** 2/15/96 904-256-4112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)