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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **644293** (3)

1. Corporation Name
GARNER CAMP, INC.

Principal Place of Business Mailing Address
C/O FREDDIE GARNER **C/O FREDDIE GARNER**
14844 LEE ROAD **14844 LEE ROAD**
GROVELAND FL 34738-9114 **GROVELAND FL 34738-9114**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/06/1979** 3a. Date of Last Report **04/20/1994**

4. FEI Number **59-2075807** 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**

6. This corporation has liability for intangible tax under S. 194.002, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
GARNER, FREDDIE
14844 LEE ROAD
GROVELAND FL 34738

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

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS
TITLE P
NAME **GARNER, LOWELL**
STREET ADDRESS **414 LOUIS ST**
CITY - ST - ZIP **LEESBURG FL**
TITLE D
NAME **SUMNER, JUANITA**
STREET ADDRESS **RT 1 BOX 398**
CITY - ST - ZIP **CHIEFLND FL**
TITLE D
NAME **GARNER, R C**
STREET ADDRESS **739 EVERGREEN DR.**
CITY - ST - ZIP **LAKE PARK FL**
TITLE D
NAME **GARNER, HARRY**
STREET ADDRESS **RT 1 BOX 399**
CITY - ST - ZIP **CHIEFLND FL**
TITLE D
NAME **HOOTEN, MARGARET**
STREET ADDRESS **P.O. BOX 243, NA**
CITY - ST - ZIP **WALDO FL**
TITLE ST
NAME **GARNER, FREDDIE**
STREET ADDRESS **148 - 44 LEE RD.**
CITY - ST - ZIP **GROVELAND FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition
4.2 NAME **Delete Harry Garner as director**
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Freddie G. Garner Freddie G. Garner April 21, 1995 904-428-2628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR