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FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # K18664 (8)

1. Corporation Name
U-CAMP, INC.



Principal Place of Business
% WALTER W. TOUCHTON
6251 N DALE MABRY HWY
TAMPA FL 33614

Mailing Address
% WALTER W. TOUCHTON
6251 N DALE MABRY HWY
TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip 25 Country

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip 30 Country

3. Date Incorporated or Qualified
03/14/1988

4. FEI Number
59-2878430

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

TOUCHTON, WALTER W.
9890 SECOND ST N
ST PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
3121 Tiffany Dr.

83

84 City **Belleair Beach** FL 85 Zip Code **33786**

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 _____ DATE _____

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

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **PD TOUCHTON, WALTER W.**

STREET ADDRESS **9890 SECOND ST N**

CITY-ST-ZIP **ST PETERSBURG FL**

TITLE DELETE

NAME **DVT TOUCHTON, JOANN H.**

STREET ADDRESS **9890 SECOND ST N**

CITY-ST-ZIP **ST PETERSBURG FL**

TITLE DELETE

NAME **S TOUCHTON, JOANN H.**

STREET ADDRESS **9890 SECOND ST N.**

CITY-ST-ZIP **ST PETERSBURG FL**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS **3121 Tiffany Dr.**

1.4 CITY-ST-ZIP **Belleair Beach, FL 33786**

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS **3121 Tiffany Dr.**

2.4 CITY-ST-ZIP **Belleair Beach, FL 33786**

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS **3121 Tiffany Dr**

3.4 CITY-ST-ZIP **Belleair Beach, FL 33786**

4.1 TITLE Change Addition

4.2 NAME

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 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: *Jo Ann H. Touchton* *JoAnn H. Touchton* **3/7/98** **813 878-2267**

CR2E034 (10/97)