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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K18664

1. Corporation Name
U-CAMP, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 03/14/1988

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.: 6333 N. Dale Mabry Hwy	26 Suite, Apt. #, etc.: 6333 N. Dale Mabry Hwy
22	27
23 City & State: Tampa, FL Hillsborough	28 City & State
24 Zip: 33614 25 Country	29 Zip 30 Country

4. FEI Number: 59-2878430 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TOUCHTON, WALTER W. 3121 TIFFANY DR BELLEAIR BEACH FL 33786	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TOUCHTON, WALTER W.		1.2 NAME		
STREET ADDRESS	3121 TIFFANY DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BEACH FL 33786		1.4 CITY-ST-ZIP		
TITLE	DVT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TOUCHTON, JOANN H.		2.2 NAME		
STREET ADDRESS	3121 TIFFANY DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BEACH FL 33786		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TOUCHTON, JOANN H.		3.2 NAME		
STREET ADDRESS	3121 TIFFANY DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BEACH FL 33786		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: Jo Ann H. Touchton JoAnn H. Touchton 4/9/99 813 888-2267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)