

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

CORPORATION
ANNUAL REPORT
1995



OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA

APPROVED,
AND
FILED

COUNTY - 1 PM 10: 08

DOCUMENT # L03088

(6)

CAMAD, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

511 NORTH PARK AVENUE
P O BOX 532
LAKE HAMILTON FL 33851

(PLEASE WRITE IN THIS SPACE)

2. Principal Office Address		2a. Mailing Address		3. Date of Incorporation or Qualification		3a. Date of Last Report	
21. State, Apt. # or P.O. Box		26. State, Apt. # or P.O. Box		4. File Number		5a. Applied For	
22. City		27. City		59-2971850		Not Applicable	
23. Zip		28. Zip		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
24. Country		29. Country		6. Election Campaign Financing Fund Fund Contribution		\$5.00 May Be Added to Fees	
25. Country		30. Country		8. This corporation has liability for intangible tax under § 199.037 Florida Statute		☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

WHITE, GARY D.
511 NORTH PARK AVENUE
LAKE HAMILTON FL 33851

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. By signing this statement of the board of directors of this Florida Statute, the above named corporation submits this statement for the purpose of changing its registered office to the person named in 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 authorized with and accept the appointment as registered agent under Florida Statute.

SIGNATURE

(Signature of Officer or Director)

(Signature of Registered Agent)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IN 1995	
1. NAME	P WHITE, GARY D.	1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	407 JONES AVE	2. STREET ADDRESS	
3. CITY	HAINES CITY FL	3. CITY	☐ Change ☐ Addition
4. NAME		4. NAME	
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY		6. CITY	☐ Change ☐ Addition
7. NAME		7. NAME	
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY		9. CITY	☐ Change ☐ Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY		12. CITY	☐ Change ☐ Addition
13. NAME		13. NAME	
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY		15. CITY	☐ Change ☐ Addition
16. NAME		16. NAME	
17. STREET ADDRESS		17. STREET ADDRESS	
18. CITY		18. CITY	☐ Change ☐ Addition
19. NAME		19. NAME	
20. STREET ADDRESS		20. STREET ADDRESS	
21. CITY		21. CITY	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(b), Florida Statute. Further, I certify that the information indicated on the previous report or supplemental annual report is true and accurate and that my report will have the same legal effect as if made under oath. I am an officer or director of this corporation or the person or persons empowered to execute this report as required by Chapter 661, Florida Statute, and that my name appears in Block 12 or Block 13 of this report as a new addition to the list with an address.

SIGNATURE:

Gary White
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95
Date

813-421-4010
TALLAHASSEE, FLORIDA