FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

APPROVED AND FILED

[illegible] -1 PM 10: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03088 (6)

1. Corporation Name
CAMIAD, INC.

Principal Place of Business	Mailing Address
511 NORTH PARK AVENUE P O BOX 532 LAKE HAMILTON FL 33851	511 NORTH PARK AVENUE P O BOX 532 LAKE HAMILTON FL 33851

3. Date Incorporated or Qualified	3a. Date of Last Report
07/19/1989	05/01/1994
4. FEI Number	59-2971850
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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes	☑ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

11. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	WHITE, GARY D.
STREET ADDRESS	407 JONES AVE
CITY-ST-ZIP	HAINES CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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)(i), Florida Statutes. I further certify that the information indicated on the 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: Gary White 4-26-95 813-421-4010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

U448476 FP