

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 12 AM 10:51**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # 191796 (2)**

1. Corporation Name  
**CAMILL, INC.**

Principal Place of Business  
**2258 MAGAN'S OCEAN WALK  
VERO BEACH FL 32963**

Mailing Address  
**2258 MAGAN'S OCEAN WALK  
VERO BEACH FL 32963**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/22/1956** 3a. Date of Last Report **01/25/1994**

4. FEI Number **NOT APPLICABLE** 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. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business  
**3100 N. ALA PHC-1**

2a. Mailing Address  
**3100 N ALA PHC-1**

22. Suite, Apt. #, etc.  
**PHC-1**

27. Suite, Apt. #, etc.  
**PHC-1**

23. City & State  
**FT PIERCE**

28. City & State  
**FT PIERCE FLORIDA**

24. Zip **34949** 25. Country **USA**

29. Zip **34949** 30. Country **USA**

9. Name and Address of Current Registered Agent

**MILLER, GEORGE  
2258 MAGAN'S OCEAN WALK  
VERO BEACH FL 32963**

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PO**  
NAME **MILLER, GEORGE**  
STREET ADDRESS **2258 MAGAN'S OCEAN WALK**  
CITY - ST - ZIP **VERO BEACH FL**

TITLE **DT**  
NAME **MILLER, ROSE C**  
STREET ADDRESS **2258 MAGAN'S OCEAN WALK**  
CITY - ST - ZIP **VERO BEACH FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS **3100 N ALA, #PH-C1**  
1.4 CITY - ST - ZIP **FORT PIERCE, FL 34949**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS **3100 N ALA, #PH-C1**  
2.4 CITY - ST - ZIP **FORT PIERCE, FL 34949**

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  
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)(b), 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 this corporation or the receiver or trustee empowered to execute the 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: **GEORGE MILLER**  
*George Miller*

**1/10/95** **1-407-468-9710**