

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 191796 (2)

1. Corporation Name  
CAMILL, INC.



Principal Place of Business

Mailing Address

3100 N A1A PHC-1  
FT. PIERCE FL 34949

3100 N A1A PHC-1  
FT. PIERCE FL 34949

3. Date Incorporated or Qualified  
03/22/1956

3a. Date of Last Report  
04/12/1995

2. Principal Place of Business  
21 2258 MAGAN'S OCEAN WALK  
Suite, Apt. #, etc.

2a. Mailing Address  
26 same  
Suite, Apt. #, etc.

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

22 City & State  
VERO BEACH

27 City & State  
FLORIDA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip 32963 Country INDIAN RIVER

28 Zip 32963 Country INDIAN RIVER

30 Zip 32963 Country INDIAN RIVER

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILLER, GEORGE	
STREET ADDRESS	3100 N A1A PHC-1	
CITY-ST-ZIP	FT. PIERCE FL 34949	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MILLER, ROSE C	
STREET ADDRESS	3100 N A1A PHC-1	
CITY-ST-ZIP	FT. PIERCE FL 34949	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ADDRESS
1.3 STREET ADDRESS	2258 MAGAN'S OCEAN WALK
1.4 CITY-ST-ZIP	VERO BEACH, FL 32963
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ADDRESS
2.3 STREET ADDRESS	2258 MAGAN'S OCEAN WALK
2.4 CITY-ST-ZIP	VERO BEACH, FL 32963
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(k), 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: George M. A.   
SIGNATURE AND (TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/95 1-407-234-5282   
Date Daytime Phone #

CR2E034 (12/95)