


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

<b>PROFIT CORPORATION ANNUAL REPORT 1996</b>		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 279954 (2)

1. Corporation Name

CAM AIRCRAFT, INC.

Principal Place of Business

P.O. BOX 724  
KEYSTONE HEIGHTS FL 32656

Mailing Address

P.O. BOX 724  
KEYSTONE HEIGHTS FL 32656

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/31/1964		3a. Date of Last Report 01/25/1995	
21 KEYSTONE HEIGHTS AIRPORT		26 Suite, Apt. #, etc.		4. FEI Number 59-1035268		Applied For Not Applicable	
22 HANGAR 1		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 KEYSTONE HEIGHTS FLA		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 32656		25 Country		29 Zip		30 Country	
24 32656		25		29		30	

8. Name and Address of Current Registered Agent

~~ORIGINAL~~ CAM. BARNEY  
AIRPORT RD KEYSTONE AIRPARK  
KEYSTONE HEIGHTS FL 32656

10. Name and Address of New Registered Agent

81 Name	BARNEY S. CAM		
82 Street Address (P.O. Box Number is Not Acceptable)	AIRPORT RD. KEYSTONE AIRPARK		
83	★		
84 City	KEYSTONE HEIGHTS	FL	85 Zip Code 32656

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 BARNEY S. CAM PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

Barney S. Cam 6-8-96

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
PSTD	CAM, MICHAEL	AIRPORT RD, KEYSTONE	KEYSTONE HEIGHTS FL 32656	PSTD	BARNEY S. CAM	AIRPORT RD, KEYSTONE AIRPARK	KEYSTONE HEIGHTS FL 32656
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
D	CAM, LESLEY P (DECEASED)	AIRPORT RD, KEYSTONE	KEYSTONE HEIGHTS FL 32656	D	RICHARD CAM	AIRPORT RD, KEYSTONE AIRPARK	KEYSTONE HEIGHTS FL 32656
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
D	CAM, RICHARD	AIRPORT RD, KEYSTONE	KEYSTONE HEIGHTS FL 32656	D	WANETT CAM	AIRPORT RD, KEYSTONE AIRPARK	KEYSTONE HEIGHTS FL 32656
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
CD	CAM, BARNEY S	AIRPORT RD, KEYSTONE	KEYSTONE HEIGHTS FL 32656				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Barney S. Cam

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-8-96

Date

352-473-3636

Daytime Phone #

CR2E034 (3/96)