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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 366344

1. Corporation Name
R. O. CAMP CONSTRUCTION, INC.



Principal Place of Business
 1001 N.E. WALDO RD
 P.O. BOX 686
 GAINESVILLE FL 32602

Mailing Address
 1001 N.E. WALDO RD
 P.O. BOX 686
 GAINESVILLE FL 32602

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 1001 N. E. Waldo Rd.
 Suite, Apt. #, etc.
 22 City & State
 23 Gainesville, Fl.
 Zip Country
 24 32641 25 U.S.

2a. Mailing Address
 26 P. O. Box 686
 Suite, Apt. #, etc.
 27 City & State
 28 Gainesville, Fl.
 Zip Country
 29 32602 30 U.S.

3. Date Incorporated or Qualified
06/29/1970

4. FEI Number
59-1306428

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. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
CAMP, ROY O.
1001 N.E. WALDO RD
GAINESVILLE FL 32602

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	SDT	<input type="checkbox"/>
NAME	CAMP, BEVERLY L	
STREET ADDRESS	4304 N W 78 TERR	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	PD	<input type="checkbox"/>
NAME	CAMP, ROY O	
STREET ADDRESS	4304 N W 78 TERR	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VD	<input type="checkbox"/>
NAME	FILLMER, TOMMY D.	
STREET ADDRESS	4408 NW 78TH TERR	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	CEOD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Roy O. Camp		
1.3 STREET ADDRESS	4304 N.W. 78 Terr.		
1.4 CITY-ST-ZIP	Gainesville, Fl. 32606		
2.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Tom Fillmer		
2.3 STREET ADDRESS	4408 N.W. 78 Terr.		
2.4 CITY-ST-ZIP	Gainesville, Fl. 32606	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	VD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Randy O. Camp		
3.3 STREET ADDRESS	2234 W. University Ave.		
3.4 CITY-ST-ZIP	Gainesville, Fl. 32603	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Tom Fillmer Tom Fillmer 2/22/99 352 372-3703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)