FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 537879

(9)

CAMERON CONSTRUCTION, INC.

FILED

Apr 28 1997 8:00am

Secretary of State

D. C. C. L. DI	ID :	A B C A . I I						
Principal Plac		ū	Mailing Address					
4133 ERINDALE NO. FORT MYE		4133 ERINDALE DRIVE NO. FORT MYERS FL 33903-5019						
NO. FORE MILE	no FE 33803	NO. FOR MILES	3903-301-5					
						3. Date Incorporated or Qualified 06/24/1977	3a. Date of La 08/15/199	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				59-1751194		Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional		
22			27			Fee Hequired		
City & Stat	e	City & State				6. Election Campaign Financing \$5.00 May Be		
Zip	Country	28 Zip	ip Coun			Trust Fund Contribution		ded to Fees
24	25	29	30	untry		8. This corporation has liability for in Florida Statutes	tangible tax und Yes No	er s. 199.032,
24	9, Name and Address of Curre		[30]	1		10. Name and Address of New Reg		
CAM	ERON, MICHAEL G.			81	Name			
	ERINDALE DRIVE			82	<u> </u>	(0.0 0.0		
	FORT MYERS FL 33903				Street Addr	reet Address (P.O. Box Number is Not Acceptable)		
				83				
							· · · · · · · · · · · · · · · · · · ·	
				84	City		FL 85	Zip Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Sta	tutes, the a	above	-named corp	poration submits this statement for the pu	rnose of changi	ng its registered
office or r	egistered ag ent, or both, in the Sta im f amili ar with, and accept the obli	le of Florida. Such change wa igations of, Section 607 0505.	is authorize Florida Sta	ed by atutes	the corporat	tion's board of directors. I hereby accept	the appointmen	t as registered
SIGNATURE	,							
	Signature, typed or printed name of registered a		OIE Registere	ed Age	nt signature requir	red when reinstating)	DATE	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE		
TITLE	PT CAMERON, MICHAEL G.	L DELETE					☐ Char	nge 🔲 Addition
NAME	4133 ERINDALE DRIVE		1.2 N					
STREET ADDRESS	NO. FORT MYERS FL	•		1.3 STHEET ADDRESS				
CITY-ST-ZIP TITLE			1.4 CHY-S1-7IP			[] Oha	an I takistan	
	CAMERON, MICHAEL G.			2.1 TITLE 2.2 NAME			L Char	ige 🔲 Addition
NAME Street ad dress	4133 ERINDALE DRIVE				4 D D D T O D			
CITY-ST-ZIP	NORTH FORT MYERS FL				ADDRESS			:
TITLE		DELETE	3.1 I	CHY-S	1-ZIP	•	☐ Char	nge Addition
NAME		Decem		IAME				.go
STREET ADDRESS			1		AODRESS			
CITY-ST-ZIP				CITY-S				
TITLE		DELETE	4.1 T				Char	nge Addition
NAME		—		NAME				
STREET ADDRESS					AODRESS			
CITY-ST-ZIP			4.4.0	CITY-S	T-ZIP			
TITLE		DELETE	511				Char	nge Addition
NAME			5.2 N	IAME				
STREET ADDRESS			5.3 \$	STRELL	ADDRESS			
CITY-ST-ZIP				CHY-\$1				
TITLE		☐ DELETE	6.1 T				Char	nge Addition
NAME			6.2 N	NAME				
STREET ADDRESS			6.3 \$	STREET	ADDRESS			
CITY-ST-ZIP				CITY-S				
	by certify that the information currel	ind with this films dose not of				d in Section 119.07/37/// Florida Statutos	I forther contifue	that the

• To needy certify that the information supplied with this filing doos not quality for the exemption stated in Section 119.07(3)(i), I lorida 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 express.