FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR -2 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # 800409 (5)

1. Corporation Name
THE CAMERON & BARKLEY COMPANY

Principal Place of Business
2864 AZALEA RD.
CHARLESTON HEIGHTS. S. C. 29405-8216

Mailing Address
2864 AZALEA RD.
CHARLESTON HEIGHTS. S. C. 29405-8216

3. Date Incorporated or Qualified: 07/26/1912
3a. Date of Last Report: 03/21/1994
4. FEI Number: 57-0132885 ☐ 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEWIS, JACK L 10200 ALTON BOX RD JACKSONVILLE FL 32218	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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	BARKLEY, RUFUS C, JR	1.2 NAME	
STREET ADDRESS	106 TRADD ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLESTON SC	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VP ☑ Change ☐ Addition
NAME	LEWIS, JACK L	2.2 NAME	
STREET ADDRESS	8112 COURTLEIGH DR	2.3 STREET ADDRESS	10200 Alton Box Rd.
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Jacksonville, FL 32218
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	RANDALL, BISHOP	3.2 NAME	
STREET ADDRESS	572 MARSHGRASS BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MT. PLEASENT SC	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	WARREN, JAMES R.	4.2 NAME	
STREET ADDRESS	2294 POETSNIPE WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLESTON, SC.	4.4 CITY-ST-ZIP	
TITLE	ASAT	5.1 TITLE	☐ Change ☐ Addition
NAME	NOWELL, CHRISTOPHER C	5.2 NAME	
STREET ADDRESS	120 CANABERRY CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERVILLE SC	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: [signature] Financial Analyst 2/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
803 745 2459

0478206 FP