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 # 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: 03/02/1995
4. FEI Number: 57-0132885 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
24 Zip 25 Country

2a. Mailing Address
26 P.O. Box 118007
Suite, Apt. #, etc.
27
City & State
28 Charleston SC
29 Zip 29423 30 Country US

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

9. **Name and Address of Current Registered Agent**

LEWIS, JACK L
10200 ALTON BOX RD
JACKSONVILLE FL 32218

10. **Name and Address of New Registered Agent**
81 Name: Jack C. Bolen
82 Street Address (P.O. Box Number is Not Acceptable): 904 S. 20th St.
83 P.O. Box 990
84 City: Tampa FL 85 Zip Code: 33605

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: Jack C Bolen DATE: 2/12/96

NOTE: Registered Agent's signature required when reinstating

12. OFFICERS AND DIRECTORS

Field	Entry	
TITLE	CD	☐ DELETE
NAME	BARKLEY, RUFUS C, JR	
STREET ADDRESS	106 TRADD ST	
CITY-ST-ZIP	CHARLESTON SC	
TITLE	VP	☑ DELETE
NAME	LEWIS, JACK L	
STREET ADDRESS	10200 ALTON BOX RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	STD	☐ DELETE
NAME	RANDALL, BISHOP	
STREET ADDRESS	572 MARSHGRASS BLVD.	
CITY-ST-ZIP	MT. PLEASENT SC	
TITLE	PD	☐ DELETE
NAME	WARREN, JAMES R.	
STREET ADDRESS	2294 POETSNIPE WAY	
CITY-ST-ZIP	CHARLESTON, SC.	
TITLE	ASAT	☐ DELETE
NAME	NOWELL, CHRISTOPHER C	
STREET ADDRESS	120 CANABERRY CIRCLE	
CITY-ST-ZIP	SUMMERVILLE SC	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry	
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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)(x), 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], Fcemm
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96 Date
803-745-2424 Daytime Phone #

CR2E034 (12/95)