

**CORPORATION  
ANNUAL REPORT  
1999**



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

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90044 040 \*\*\*150.00

**DOCUMENT # 800409**  
1. Corporation Name  
**THE CAMERON & BARKLEY COMPANY**

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

Mailing Address  
PO BOX 118007  
CHARLESTON SC 29423  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/26/1912

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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

22

City & State

27

Zip

Country

24

25

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOLEN, JACK C.  
904 S 20TH ST  
PO BOX 990  
TAMPA FL 33605

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 date if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
CD BARKLEY, RUFUS C, JR  
STREET ADDRESS  
106 TRADD ST  
CITY-ST-ZIP  
CHARLESTON SC

TITLE ☐ DELETE

NAME  
STD RANDALL, BISHOP  
STREET ADDRESS  
572 MARSHGRASS BLVD.  
CITY-ST-ZIP  
MT. PLEASANT SC

TITLE ☐ DELETE

NAME  
PD WARREN, JAMES R.  
STREET ADDRESS  
2294 POETSNIPPE WAY  
CITY-ST-ZIP  
CHARLESTON, SC.

TITLE ☐ DELETE

NAME  
ASAT NOWELL, CHRISTOPHER C  
STREET ADDRESS  
120 CANABERRY CIRCLE  
CITY-ST-ZIP  
SUMMERVILLE SC

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

Asst. Treasurer  
William A. Russen III  
1004 Crooked Stick Ct.  
Summerville SC 29483

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 in an attachment with an address, with all other information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/99

Date

843.745 2439

Daytime Phone #

CR2E034 (11/98)