

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 836938

1. Corporation Name
CAMP OIL COMPANY

Principal Place of Business

1928 SHORTER AVENUE
P.O. BOX 2549
ROME GA 30164-9549

Mailing Address

1928 SHORTER AVENUE
P.O. BOX 2549
ROME GA 30164-9549

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90133 011 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1976

4. FEI Number

58-0647788

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

21 800 North Broad St.

Suite, Apt. #, etc.

22 Suite 200

City & State

23 Rome, GA

Zip Country

24 30161 25

2a. Mailing Address

26 PO Box 100210

Suite, Apt. #, etc.

27

City & State

28 Rome, GA

Zip Country

29 30162-210 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME NEWTON, DON
STREET ADDRESS 1928 SHORTER AVE
CITY-STATE-ZIP ROME GA

TITLE P ☐ DELETE

NAME CAMP, ELIZABETH W.
STREET ADDRESS 1918 SHORTER AVE.
CITY-STATE-ZIP ROME GA

TITLE S ☐ DELETE

NAME FINCHER, ROSEMARY
STREET ADDRESS 1928 SHORTER AVE.
CITY-STATE-ZIP ROME GA

TITLE VP ☐ DELETE

NAME CARROLL, ROBERT
STREET ADDRESS 1928 SHORTER AVE
CITY-STATE-ZIP ROME GA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

800 North Broad Street

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

800 North Broad Street

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

800 North Broad Street

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

800 North Broad Street

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 a letter like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)