

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90105 008 ***150.00

DOCUMENT # H67882

1. Corporation Name

CAMP U.S.A., INC.

Principal Place of Business

8415 N.E. JACKSONVILLE RD.
OCALA FL 34479
US

Mailing Address

P.O. BOX 277
ANTHONY FL 32617-0277

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1985

4. FEI Number

59-2584492

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.

☐

☐

No

9. Name and Address of Current Registered Agent

TAMBURO, PETER
8359 N.E. JACKSONVILLE RD.
OCALA FL 34479

10. Name and Address of New Registered Agent

81 Name GREGORY S. FLANAGAN, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable)
230 NE 25TH AVE.
83 SUITE 200
84 City Ocala FL 85 Zip Code 34470

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

NAME PD
STREET ADDRESS SMEETS, GODFRIED
CITY-ST-ZIP 8415 N.E. JACKSONVILLE RD.
OCALA FL 34479

TITLE ☐ DELETE

NAME VSTD
STREET ADDRESS TYSKENS, DAGMAR
CITY-ST-ZIP 8415 NE JAX RD
OCALA FL 34479

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 PD ☒ Change ☐ Addition
1.2 NAME SMEETS, GODFRIED
1.3 STREET ADDRESS 2330 NE 86TH LANE
1.4 CITY-ST-ZIP ANTHONY FL 32617

2.1 TITLE VSTD ☒ Change ☐ Addition

2.2 NAME TYSKENS, DAGMAR
2.3 STREET ADDRESS 2330 NE 86TH LANE
2.4 CITY-ST-ZIP ANTHONY FL 32617

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 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GODFRIED 4/20 (353) 732-6665
Date Daytime Phone #

CR2E034 (11/98)