

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 1:52

DOCUMENT # J79840

(1)

1. Corporation Name

KAMA, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business

C/O WICLYDE DANIEL
5025 BASEBALL POND RD
BROOKSVILLE FL 34602-7966

Mailing Address

C/O WICLYDE DANIEL
5025 BASEBALL POND RD
BROOKSVILLE FL 34602-7966

3. Date Incorporated or Qualified

06/26/1987

3a. Date of Last Report

04/13/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-2830612

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DANIEL, W. CLYDE
5025 BASEBALL POND ROAD
BROOKSVILLE FL 34602

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 of Agent or (Printed Name of Registered Agent and Title of Association)

(NOTE: Registered Agent signature required when heretofore)

(Date)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

PD

DANIEL, W. CLYDE

5025 BASEBALL POND RD.
BROOKSVILLE FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

VD

DANIEL, DORIS L.

5025 BASEBALL POND RD.
BROOKSVILLE FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

VD

DANIEL, BETTY J.

20267 BRIERFIELD CT.
BROOKSVILLE FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

STD

DANIEL, JOHN M.

20267 BRIERFIELD CT.
BROOKSVILLE FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

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)(b), 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:

W. Clyde Daniel

(Signature and Typed or Printed Name of Signing Officer or Director)

W. Clyde Daniel

3/24/95

(904) 796-6930

(Date)

(Telephone Number)