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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 21 PM 12:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **L23920** **(6)**

1. Corporation Name
ELKCAM PROPERTIES, INC.

Principal Place of Business	Mailing Address
C/O RONALD S. WEBSTER 993 NORTH COLLIER BLVD., ROYAL PALM MALL MARCO ISLAND FL 33937	C/O RONALD S. WEBSTER 985 N COLLIER BLVD. MARCO ISLAND FL 33937 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/17/1989**
3a. Date of Last Report: **06/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: **65-0165625** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WEBSTER, RONALD S.
ROYAL PALM MALL
985 N. COLLIER BLVD.
MARCO ISLAND FL 33937

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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	11 TITLE		☐ Change ☐ Addition
NAME	GLYNN, KELLY	12 NAME		
STREET ADDRESS	471 BABBS ROAD	13 STREET ADDRESS		
CITY ST ZIP	WEST SUFFIELD CT	14 CITY ST ZIP		
TITLE	VP	21 TITLE		☐ Change ☐ Addition
NAME	GLYNN, KATHLEEN B.	22 NAME		
STREET ADDRESS	471 BABBS RD	23 STREET ADDRESS		
CITY ST ZIP	WEST SUFFIELD CT	24 CITY ST ZIP		
TITLE	P	31 TITLE		☐ Change ☐ Addition
NAME	GLYNN, BRIAN R. J	32 NAME		
STREET ADDRESS	1689 VILLA CT.	33 STREET ADDRESS		
CITY ST ZIP	MARCO ISLAND FL	34 CITY ST ZIP		
TITLE	S	41 TITLE		☐ Change ☐ Addition
NAME	GLYNN, KRRI E.	42 NAME		
STREET ADDRESS	1689 VILLA CT.	43 STREET ADDRESS		
CITY ST ZIP	MARCO ISLAND FL	44 CITY ST ZIP		
TITLE	T	51 TITLE		☐ Change ☐ Addition
NAME	GLYNN, JUDITH G.	52 NAME		
STREET ADDRESS	1689 VILLA CT.	53 STREET ADDRESS		
CITY ST ZIP	MARCO ISLAND FL	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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.

SIGNATURE: Ronald S. Webster Jr. 7-13-95 813-642-9845
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

033218A CP