

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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 30 AM 10:48

DOCUMENT # **N11938** (0)
1. Corporation Name
CAMP ARMO, INC.

Principal Place of Business Mailing Address
% LOIS BATISTE
P.O. BOX 5000 G08 MC 5284
ALTAMONTE SPRINGS FL 32716

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/07/1985** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2650213** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

BATISTE, LOIS A.
1036 BONAIRE DR. #2835
ALTAMONTE SPRINGS FL 32714

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 LOIS A. BATISTE, TREASURER Lois A. Batiste 3/20/95
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	STANALAND, WOODY	1.2 NAME	
STREET ADDRESS	HOLOPAW TR. #9	1.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	OATES, DAVID	2.2 NAME	
STREET ADDRESS	821 MELODY DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	CHULUOTA FL	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	BATISTE, LOIS	3.2 NAME	
STREET ADDRESS	1036 BONAIRE DR. #2835	3.3 STREET ADDRESS	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lois A. Batiste 3/20/95 (407) 889-6114
Signature (typed or printed name of signing officer or director) Date Daytime Phone #