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 MAY 26 AM 8:53

DOCUMENT # **P93000062578 (8)**

1. Corporation Name
CAMERON AIRCRAFT, INC.

Principal Place of Business	Mailing Address
6845 NARCOOSEE RD. #60 ORLANDO FL 32822	6845 NARCOOSEE RD. #60 ORLANDO FL 32822

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/01/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 9320 Weatherly Rd	26 9320 Weatherly Rd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Brooksville Fl	City & State 28 Brooksville Fl
Zip 24 34601 / Country 25	Zip 29 34601 / Country 30

4. FEI Number: 59-3210536 ☐ 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	10. Name and Address of New Registered Agent
CAMERON, DANNY L ~~6845 NARCOOSEE RD.~~ ~~#60~~ ~~ORLANDO FL 32822~~	81 Name: Cameron Danny L. 82 Street Address (P.O. Box Number is Not Acceptable): 9320 Weatherly Rd. 83 84 City: Brooksville FL 85 Zip Code: 34601

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☑ Change ☐ Addition
NAME	CAMERON, DANNY L	12 NAME	Cameron Danny L.
STREET ADDRESS	6845 NARCOOSEE RD., #60	13 STREET ADDRESS	9320 Weatherly Rd
CITY-ST-ZIP	ORLANDO FL 32822	14 CITY-ST-ZIP	Brooksville Fl 34601
TITLE	D	21 TITLE	D ☑ Change ☐ Addition
NAME	CAMERON, EDNA MAE	22 NAME	Cameron Edna Mae
STREET ADDRESS	6845 NARCOOSEE RD., #60	23 STREET ADDRESS	9320 Weatherly Rd.
CITY-ST-ZIP	ORLANDO FL 32822	24 CITY-ST-ZIP	Brooksville Fl 34601
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	CAMERON, DANNY JR.	32 NAME	
STREET ADDRESS	3614 #9 PRAIRIE FOX LANE	33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32812	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CAMERON, JOHN A	42 NAME	
STREET ADDRESS	205 SUNRISE BLVD.	43 STREET ADDRESS	
CITY-ST-ZIP	SUN RISE FL 33313	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		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: _____ 5-20-95 904-796-4741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0062501 CP