FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000088022 (7)**

1. Corporation Name

CAMERON AND CAMERON, P.A.

Principal Place of Business	Mailing Address
5200 NEWBERRY ROAD SUITE C GAINESVILLE FL 32607	5200 NEWBERRY ROAD SUITE C GAINESVILLE FL 32607

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

3. Date Incorporated or Qualified: **12/17/1993**

3a. Date of Last Report: **01/13/1995**

4. FEI Number: **59-3129704** ☐ 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

CAMERON, RALPH
5200 NEWBERRY ROAD
SUITE C
GAINESVILLE FL 32607

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 607.1907 and/or 617.1905, 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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: RALPH CAMERON Ralph Cameron DATE: 2-26-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	D ☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	CAMERON, RALPH	2 NAME	
STREET ADDRESS	5200 NEWBERRY ROAD, SUITE C	3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32607	4 CITY-ST-ZIP	
2 TITLE	D ☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME	CAMERON, BONNIE	6 NAME	
STREET ADDRESS	5200 NEWBERRY ROAD, SUITE C	7 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32607	8 CITY-ST-ZIP	
3 TITLE	☐ DELETE	9 TITLE	☐ Change ☐ Addition
NAME		10 NAME	
STREET ADDRESS		11 STREET ADDRESS	
CITY-ST-ZIP		12 CITY-ST-ZIP	
4 TITLE	☐ DELETE	13 TITLE	☐ Change ☐ Addition
NAME		14 NAME	
STREET ADDRESS		15 STREET ADDRESS	
CITY-ST-ZIP		16 CITY-ST-ZIP	
5 TITLE	☐ DELETE	17 TITLE	☐ Change ☐ Addition
NAME		18 NAME	
STREET ADDRESS		19 STREET ADDRESS	
CITY-ST-ZIP		20 CITY-ST-ZIP	
6 TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	

14. I hereby certify that the information indicated on this report or supplemental 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 added above.

SIGNATURE: Ralph Cameron — 2-26-96 — 352-373-3583

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)