

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 MAY 30 AM 9:00

**DOCUMENT # P94000021495 (4)**

1. Corporation Name  
**CAM DEVELOPMENT CORPORATION**

Principal Place of Business      Mailing Address  
**114 CALLE ENSUENO  
MARATHON FL 33050**      **114 CALLE ENSUENO  
MARATHON FL 33050**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**03/16/1994**      **N/A**

2. Principal Place of Business      2a. Mailing Address  
21 **1850 Manor Lane**      26 **P.O. Box 500084**

4. FEI Number      Applied For  
**65-0481652**      Not Applicable

22 Suite, Apt #, etc      27 Suite, Apt #, etc

5. Certificate of Status Desired            **\$8.75 Additional  
Fee Required**

23 **Marathon, Florida**      28 **Marathon, Florida**

6. Election Campaign Financing  
Trust Fund Contribution            **\$5.00 May Be  
Added to Fees**

24 **33050**      25 **U.S.A.**      29 **33050**      30 **U.S.A.**

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

**MCGRAW, EDWARD G  
114 CALLE ENSUENO  
MARATHON FL 33050**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1850 Manor Lane**  
83 **Marathon**  
84 **Marathon**      85 **FL**      Zip Code **33050**

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]* Pres. **Edward G. McGraw**      **5/15/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **PD**  
NAME: **MCGRAW, EDWARD G**  
STREET ADDRESS: **114 CALLE ENSUENO**  
CITY, ST, ZIP: **MARATHON FL 33050**

1.1 TITLE:  Change       Addition  
1.2 NAME: **McGraw, Edward G.**  
1.3 STREET ADDRESS: **1850 Manor Lane**  
1.4 CITY, ST, ZIP: **marathon, Florida 33050**

TITLE: **VD**  
NAME: **CAMPBELL, CRAIG L JR**  
STREET ADDRESS: **114 CALLE ENSUENO**  
CITY, ST, ZIP: **MARATHON FL 33050**

2.1 TITLE:  Change       Addition  
2.2 NAME: **Campbell, Craig L. Jr.**  
2.3 STREET ADDRESS: **1850 Manor Lane**  
2.4 CITY, ST, ZIP: **Marathon, Florida 33050**

TITLE: **ST**  
NAME: **CAMPBELL, PAMELA T**  
STREET ADDRESS: **114 CALLE ENSUENO**  
CITY, ST, ZIP: **MARATHON FL 33050**

3.1 TITLE:  Change       Addition  
3.2 NAME: **Campbell, Pamela T.**  
3.3 STREET ADDRESS: **1850 Manor Lane**  
3.4 CITY, ST, ZIP: **Marathon, Florida 33050**

TITLE:      NAME:      STREET ADDRESS:      CITY, ST, ZIP:

4.1 TITLE:       Change       Addition  
4.2 NAME:      4.3 STREET ADDRESS:      4.4 CITY, ST, ZIP:

TITLE:      NAME:      STREET ADDRESS:      CITY, ST, ZIP:

5.1 TITLE:       Change       Addition  
5.2 NAME:      5.3 STREET ADDRESS:      5.4 CITY, ST, ZIP:

TITLE:      NAME:      STREET ADDRESS:      CITY, ST, ZIP:

6.1 TITLE:       Change       Addition  
6.2 NAME:      6.3 STREET ADDRESS:      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 110.07(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: *[Signature]* Pres. **Edward G. McGraw**      **5/15/95**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(805) 743-7010