

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
Aug 06 1996 8:00 am  
Secretary of State

**DOCUMENT # P94000021495 (4)**

1. Corporation Name  
**CAM DEVELOPMENT CORPORATION**



Principal Place of Business  
**1850 MANOR LANE  
MARATHON FL 33050  
US**

Mailing Address  
**P O BOX 500084  
MARATHON FL 33050  
US**

3. Date Incorporated or Qualified  
**03/16/1994**

3a. Date of Last Report  
**05/30/1995**

4. FEI Number  
**65-0481652**

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

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip Country

29 30

**9. Name and Address of Current Registered Agent**

**MCGRAW, EDWARD G  
1850 MANOR LANE  
MARATHON FL 33050**

**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

Signature typed or printed in case of registered agent and the principal officer

NOTE: Registered Agent's signature required when re-appointing

(047)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>PD</b>	<input type="checkbox"/>
NAME	<b>MCGRAW, EDWARD G</b>	
STREET ADDRESS	<b>1850 MANOR LANE</b>	
CITY - ST - ZIP	<b>MARATHON FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/>
NAME	<b>CAMPBELL, CRAIG L JR</b>	
STREET ADDRESS	<b>1850 MANOR LANE</b>	
CITY - ST - ZIP	<b>MARATHON FL</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/>
NAME	<b>CAMPBELL, PAMELA T</b>	
STREET ADDRESS	<b>1850 MANOR LANE</b>	
CITY - ST - ZIP	<b>MARATHON FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE	<b>VD</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 NAME	<b>COTNER DONALD R.</b>		
13 STREET ADDRESS	<b>4594 O.S. HWY.</b>		
14 CITY - ST - ZIP	<b>MARATHON FL</b>		
21 TITLE	<b>VD</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22 NAME	<b>LEASURE GARY E</b>		
23 STREET ADDRESS	<b>479 79 ST</b>		
24 CITY - ST - ZIP	<b>MARATHON FL</b>		
31 TITLE	<b>ST</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32 NAME	<b>MCGRAW EDWARD G.</b>		
33 STREET ADDRESS	<b>1850 MANOR LANE</b>		
34 CITY - ST - ZIP	<b>MARATHON FL</b>		
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
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)(k), 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:** *Edward G. McGraw* **7/31/96** **743 7010**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)