

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000034801

1. Corporation Name
CAMP SERVICES, INC.

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90015 030 ***150.00



Principal Place of Business

2133 S.E. FT. KING ST.
OCALA FL 34471

Mailing Address

2133 S.E. FT. KING ST.
OCALA FL 34471

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1994

2. Principal Place of Business

21 1005 SW 10 ST.

2a. Mailing Address

26 1005 SW 10 ST.

Suite, Apt. #, etc.

22 #102

Suite, Apt. #, etc.

27 #102

City & State

23 Ocala, FL

City & State

28 Ocala, FL

Zip

24 34474

Country

25 USA

Zip

29 34474

Country

30 USA

4. FEI Number

65-0497531

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

CAMP, RANDALL

~~2133 NE FORT KING ST.~~ 1005 SW 10 ST.
OCALA FL ~~34470~~ 34474

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

Randall Camp

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-5-99

12. OFFICERS AND DIRECTORS

TITLE PO ☐ DELETE

NAME CAMP, RANDALL M
STREET ADDRESS 1300 N.E. 63RD ST.
CITY-ST-ZIP Ocala FL 34479

TITLE STO ☐ DELETE

NAME CAMP, PATRICA S
STREET ADDRESS 1300 N.E. 63RD ST.
CITY-ST-ZIP Ocala FL 34479

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *Randall Camp*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-99 352-867-8055

CR2E034 (11/98)