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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 2:53
TALLAHASSEE, FLORIDA
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DOCUMENT # **P94000043773 (8)**

1. Corporation Name
CAMERON MORTGAGE COMPANY

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8382 BAYMEADOWS ROAD SUITE 4 JACKSONVILLE FL 32256	8382 BAYMEADOWS ROAD SUITE 4 JACKSONVILLE FL 32256

3. Date Incorporated or Qualified: 06/08/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 8563-2 ARGYLE BUSINESS LOOP	26 8563-2 ARGYLE BUSINESS LOOP
Suite, Apt. #, etc 22 N/A	Suite, Apt. #, etc 27 N/A
City & State 23	City & State 28
Zip / Country 24 32244 / 25	Zip / Country 29 32244 / 30

4. FEI Number: 59-3249731 ☐ 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, RONNIE C 8382 BAYMEADOWS ROAD SUITE 4 JACKSONVILLE FL 32256	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 8563-2 ARGYLE BUSINESS LOOP 83 84 City: FL 85 Zip Code: 32244

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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: Vice President NAME: Kara L Cameron STREET ADDRESS: 8663-2 Argyle Business Loop CITY ST ZIP: Jacksonville, FL 32244	11 TITLE: Vice President ☐ Change ☒ Addition 12 NAME: Kara Cameron 13 STREET ADDRESS: 8563-2 Argyle Business Loop 14 CITY ST ZIP: Jacksonville, FL 32244
TITLE: President NAME: Sharon Cameron STREET ADDRESS: Rt. 3 Box 529-F CITY ST ZIP: Starke, FL 32091	21 TITLE: President ☐ Change ☒ Addition 22 NAME: SHARON CAMERON 23 STREET ADDRESS: 8563-2 Argyle Business Loop 24 CITY ST ZIP: Jacksonville, FL 32244
TITLE: Vice President NAME: Cathy Soles STREET ADDRESS: 8563-2 Argyle Business Loop CITY ST ZIP: Jacksonville, FL 32244	31 TITLE: Vice President ☐ Change ☒ Addition 32 NAME: Sandy Hanning 33 STREET ADDRESS: 8563-2 Argyle Business Loop 34 CITY ST ZIP: Jacksonville, FL 32244
TITLE: Vice President NAME: Sandy Hanning STREET ADDRESS: 8563-2 Argyle Business Loop CITY ST ZIP: Jacksonville, FL 32244	41 TITLE: Vice President ☐ Change ☒ Addition 42 NAME: Cathy Soles 43 STREET ADDRESS: 8563-2 Argyle Business Loop 44 CITY ST ZIP: Jacksonville, FL 32244
TITLE NAME STREET ADDRESS CITY ST ZIP	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP

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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: Kara L. Cameron 5/13/95 904-777-1520
MANDATORY: TYPED OR PRINTED NAME OF NATURAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0020038 CP