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 # **P94000043773 (8)**

1. Corporation Name

CAMERON MORTGAGE COMPANY

Principal Place of Business	Mailing Address
8563-2 ARGYLE BUSINESS LOOP **JACKSONVILLE FL 32244**	**8563-2 ARGYLE BUSINESS LOOP** **JACKSONVILLE FL 32244**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified: **06/08/1994**

3a. Date of Last Report: **05/01/1995**

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

CAMERON, RONNIE C
8563-2 ARGYLE BUSINESS LOOP
JACKSONVILLE FL 32244

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 _____ DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	CAMERON, SHARON	
STREET ADDRESS	8563-2 ARGYLE BUSINESS LOOP	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	VP	☐ DELETE
NAME	CAMERON, KARA	
STREET ADDRESS	8563-2 ARGYLE BUSINESS LOOP	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	VP	☑ DELETE
NAME	HANNING, SANDY	
STREET ADDRESS	8563-2 ARGYLE BUSINESS LOOP	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	VP	☑ DELETE
NAME	SOLES, CATHY	
STREET ADDRESS	8563-2 ARGYLE BUSINESS LOOP	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	VP	☐ DELETE
NAME	PONCE MICHELLE	
STREET ADDRESS	8563-2 ARGYLE BUSINESS LOOP	
CITY-ST-ZIP	JAX, FL. 32244	
TITLE	VP	☐ DELETE
NAME	KLOSS, DEBORAH	
STREET ADDRESS	8563-2 ARGYLE BUSINESS LOOP	
CITY-ST-ZIP	JAX FL. 32244	

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	800001886205	☐ Change ☐ Addition
5.2 NAME	-07/08/96--01054--001	
5.3 STREET ADDRESS	***33.75	
5.4 CITY-ST-ZIP		
6.1 TITLE	900001886209	☐ Change ☐ Addition
6.2 NAME	-07/08/96--01054--002	
6.3 STREET ADDRESS	***200.00	
6.4 CITY-ST-ZIP		

7-8-96

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: Karen Cameron Brea 6/26/96

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

CR2E034 (12/95)