

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000026623 (4)**
1. Corporation Name
CAMRY, INC.



Principal Place of Business 549 N. VOLUSIA AVENUE ORANGE CITY FL 32763	Mailing Address 549 N. VOLUSIA AVENUE ORANGE CITY FL 32763
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 335 W. Highbanks Rd. Suite, Apt. #, etc.		2a. Mailing Address 26 335 W. Highbanks Rd. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/26/1996	
22 City & State 23 DeBary, FL		27 City & State 28 DeBary, FL		4. FEI Number 59-3380101 Applied For Not Applicable	
24 32713		25 Volusia		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 32713		30 Volusia		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent BOLAND, DANIEL 2120 DURTEY AVENUE ORANGE CITY FL 32763				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent					

81 Name Daniel A. Boland	
82 Street Address (P.O. Box Number is Not Acceptable) 335 W. Highbanks Rd.	
83	
84 City DeBary	85 Zip Code FL 32713

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 *Michael Boland* *Daniel A. Boland* *Daniel A. Boland, VP 4-22-98*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLAND, MICHAEL A	1.2 NAME	Boland, Michael A.
STREET ADDRESS	549 NORTH VOLUSIA AVENUE	1.3 STREET ADDRESS	335, W. Highbanks Rd.
CITY-ST-ZIP	ORANGE CITY FL 32763	1.4 CITY-ST-ZIP	DeBary, FL 32713
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLAND, DANIEL A	2.2 NAME	Boland, Daniel A.
STREET ADDRESS	549 N. VOLUSIA AVENUE	2.3 STREET ADDRESS	335 W. Highbanks Rd.
CITY-ST-ZIP	ORANGE CITY FL 32763	2.4 CITY-ST-ZIP	DeBary, FL 32713
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE *M. Boland* *D. Boland* *D. Boland*

CR2E034 (10/97)